

CONFIDENTIAL
1990-1991

Focal Respondent
First Phase

Institute for Social Research
Indiana University

THE INDIANAPOLIS NETWORK
MENTAL HEALTH STUDY

FOCAL RESPONDENT SCHEDULE

SECTION A - INTRODUCTIONS

START TIME:

AM/PM

(READ) This interview contains questions about your life.

We are interested in how you see what's happening to you here and in the community. We're particularly interested in who helps you out and who makes things difficult for you.

We're also interested in how you feel about a number of things. So, we will cover a number of areas. I will try to make clear to you when we're changing subjects.

Before we begin, I want to remind you that everything you tell me will be kept in strictest confidence. No one -- not your doctor or therapist, hospital staff or even your family -- will be informed of anything you say.

Even when we talk to other people who know you, we will not tell them ANYTHING you said during the interview. So, feel free to be honest.

And, before we get started, I need for you to look over (ANOTHER) copy of 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)**

SECTION B - STORY QUESTIONS

RECORD STARTING TIME

(MAKE SURE TAPE IS LOADED AND RECORDER IS TURNED ON!!!!)

(MAKE SURE TAPE RECORDER IS FUNCTIONING. OBTAIN A TAPED NARRATIVE ABOUT THE CLIENT; SUPPLEMENT WITH NOTES.)

_____ ID #

_____ SITE

_____ INTERVIEWER

_____ PLACE OF INTERVIEW

B2. When did all of this start? Can you take me through from the time things first started until the present? When was that? (Try to get exact month year of first notice. Use holidays, seasons, birthdays, etc., to mark the time correctly)

(CHECK: _____ TOPIC COVERED)

B3. When you first noticed that things were different, what did you do? (CHECK: _____ TOPIC COVERED)

B4. Then what? (CHECK: _____ TOPIC COVERED)

B5. What do you think is the cause of your situation?

(CHECK: _____ TOPIC COVERED)

B6. Can you tell me about how your family and friends have been affected? How has it affected your social life?

(CHECK: _____ TOPIC COVERED)

B7. Is there anyone in particular whom you do not want to know about this situation? Who are they? Why?

(CHECK: _____ TOPIC COVERED)

Now, I'd like to sum up:

B8. Compared to when you first noticed things were not going well, do you feel your situation has....

- 1...Gotten better
- 2...Stayed the same
- 3...Gotten worse
- 4...Had its ups and downs
- 8...Other (**SPECIFY** _____)

B9. What do you expect to happen as a result of this situation?
Do you expect things to...

- 1...get better totally
- 2...get better but not totally
- 3...remain pretty much as things are now
- 4...slowly get worse
- 5...get much worse
- 8...other (**SPECIFY:** _____)

SECTION C - STRUCTURED EPISODE CONTACTS

C1. Can we go back to when this whole thing first started? I want to make sure that we've got all of this straight.

I think you said this first started _____ (approximate date).

I'd like you to take me through the last _____ (weeks/months), starting in (date) when things first started (this time) and have you tell me who you talked to (or who talked to you), what you did to deal with things, anything you took to feel better.

I want to remind you that we are interested in anybody you talked to, even if they live out of town or you just talked to them on the telephone about what was happening.

So, when things first started, what did you do...In other words what was the **first** thing that you did or the first person you talked to?

(USE FORM ON NEXT PAGE)

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What are the things you did to deal with the situation (GET ACTIONS; TAKE NOTES)

POSSIBLE PROBES: DID YOU CALL ANYBODY UP?
 DID YOU TAKE ANYTHING?
 DID YOU READ ANYTHING OR DO ANYTHING ELSE?
 DID YOU LOOK IN THE PHONE BOOK FOR HELP?
 WHAT OTHER WAYS?)

Now if we can put some order to the timing of this...the first thing you did was:

FIRST GET SEQUENCE OF ACTION, TIMING AND HOW HELPFUL (1-3) FOR ENTIRE SEQUENCE... THEN GO BACK FOR EACH PERSON LISTED AS A SOURCE OF AID AND GET DETAILED INFORMATION (4-12). IF THE PERSON APPEARS MORE THAN ONCE, ASK ONLY COLS. 9, 11-14 FOR EACH SUBSEQUENT MENTION. ASK: I'D LIKE TO KNOW A LITTLE BIT ABOUT EACH OF THE PEOPLE YOU TALKED TO. LET'S START WITH (FIRST PERSON'S NAME).

- 1.) Get full names/details on action
- 2) PROBE: ON DATES: How long was that after things started? How long was that since (last date/time mentioned)?
- 3) How helpful was that? 1=very h. 2=somewhat h. 3=not h. at all
- 6) I'd like to know all the ways you are connected to this person. Here's a card to help you. You can just read all the numbers that fit (HAND CARD A).
- 7) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close (RECODE CODE OR WRITE IN OTHER)
- 8) How often do you see or talk to this person? 1=often 2=occasionally 3=hardly ever
- 9) What would you say the attitude of (NAME) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other?
- 10) Do you think they trust doctors to take care of people's problems? CODES: 1=a lot 2=most of the time 3=not very much 8=don't know or unsure
- 11) Did they suggest you try and get some professional help, like going to a doctor or hospital?
- 12) Did they suggest you take any kind of medicine or pills?
- 13) Did they suggest you come to (Wishard/Methodist)?

14) What else did they suggest or do for you? (HAND FUNCTION CARD B; PROBE: DID THEY DO ANY OF THESE THINGS FOR YOU? WHAT ELSE? RECORD ALL MENTIONS)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Name (action)	When was that?	How Helpful	M F	Age	Connection	Contact	How Close	Reaction	Trust Docs?	Prof. Help	Medicine CIU/ M.H.	Suggest or do	
#1 Then what did you do?	_____	1 2 3	1 2	_____	_____	1 2 3	1 2 3	_____	1 2 3 8	Y N	Y N	Y N	_____
#2 Then what?	_____	1 2 3	1 2	_____	_____	1 2 3	1 2 3	_____	1 2 3 8	Y N	Y N	Y N	_____
#3 What did you do next?	_____	1 2 3	1 2	_____	_____	1 2 3	1 2 3	_____	1 2 3 8	Y N	Y N	Y N	_____
#4 Then what?	_____	1 2 3	1 2	_____	_____	1 2 3	1 2 3	_____	1 2 3 8	Y N	Y N	Y N	_____
#5 Anything else?	_____	1 2 3	1 2	_____	_____	1 2 3	1 2 3	_____	1 2 3 8	Y N	Y N	Y N	_____

1. Name (action)	2. When was that?	3. How Helpful	4. M F	5. Age	6. Connection	7. Contact	8. How Close	9. Reaction	10. Trust Docs?	11. Prof. Help	12. Medicine	13. CIU/ M.H.	14. Suggest or do
#6		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#7		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#8		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#9		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#10		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#11		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#12		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#13		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#14		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#15		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#16		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#17		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#18		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#19		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#20		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	
#21		1 2 3	1 2			1 2 3	1 2 3		1 2 3 8	Y N	Y N	Y N	

To sum up, then : (FOR THE SUMMARY QUESTIONS BELOW, MAKE SURE THAT EACH PERSON MENTIONED APPEARS IN THE LIST ABOVE; IF NOT, GO BACK AND ADD TO LIST, ASK ALL QUESTIONS AND SEE IF YOU CAN DETERMINE WHEN THIS CONTACT OCCURRED)

C2. So, the first person that suggested you seek out some professional help was _____ Prior ID#____/New ID____)

IF NOT MENTIONED: where in sequence: Between ___ and ___

C3. The first person who suggested you come to this place was _____ Prior ID#____ (New ID____)

IF NOT MENTIONED: where in sequence: Between ___ and ___

C4. How did you get here? That is, who brought you? (RECORD ALL NAMES HERE; then, IF people do not appear on the list above, add them and ask all questions)

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

C5. Was anyone against you're coming here? That is, did anyone try to persuade you NOT to come? _____ No _____ Yes

Who was that? (or were they?) (RECORD ALL NAMES HERE; IF THEY DO NOT APPEAR ON THE LIST, ADD AND ASK ALL QUESTIONS UNLESS POLICE OR OTHER THIRD PARTIES)

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

_____ Prior ID#____/New ID#____

(NOW FILL OUT PINK CARD, PUTTING NAMES OF ALL INDIVIDUALS MENTIONED IN SECTION C TO THIS POINT)

C6. You came here (x days/weeks/months/years) after things started. Why didn't you come sooner? I'm going to read you a list. You can just tell me any that apply.

(CIRCLE ALL THAT RESPONDENT MENTIONS; RECORD ANY OTHER REASON VERBATIM)

- 01.... didn't think it was a medical/mental problem
- 02.... didn't want to come
- 03.... didn't think of it
- 04.... felt could handle situation by myself
- 05.... didn't think it would do any good
- 06.... didn't know where to go
- 07.... thought relative or friend could help
- 08.... relative or friends were against it
- 09.... I was ashamed to come
- 10.... Other (RECORD: _____)

RECORD ENDING TIME:

!!! TURN OFF TAPE RECORDER !!!

SECTION D - THE HOUSEHOLD

We'll ask some more questions about the hospital later. Now I'd like to know about your life. Can we start with your living situation?

D1. How many years have you lived in Indianapolis/other place?
 (RECORD EXACT #; MAKE SURE TO GET UNITS)
 _____ (days/weeks/months/years)

D2. Do you have a place to live in the community?
 _____ Yes _____ No (SKIP TO D7)

D3. Where is that? (RECORD EXACT ADDRESS)

D4. What kind of place is this? Is it a house or apartment, a residential program, a hotel or motel, a shelter or what?

CODES (PROBE TO MAKE SURE TYPE IS CLEAR):

- 01... undomiciled (no current residence; lives on the street, in bus stations, etc.)
- 02... living as a temporary guest, no permanent address
- 03... mission, shelter for undomiciled
- 04... prison
- 05... jail
- 06... psychiatric hospital
- 07... respite care (Crisis house)
- 08... battered women's shelter
- 09... alternative facility for adults ("Family care")
- 10... congregate institutions with more than 20 residents (Country home, nursing home, etc.)
- 11... halfway house, supervised group living, 20 or fewer residents
- 12... board and care home (private proprietary homes for adults)
- 13... cluster apartments (cooperative apartments, supervised)
- 14... living in parents' home or with caregiver
- 15... unlicensed boarding home
- 16... transient hotel, single room occupancy hotel, YMCA (single room, no meals)
- 17... DMH-funded Semi-Independent Living Program
- 18... living in own apartment (excludes client living with parents or caregivers)
- 19... living in own home (PROBE: RENT OR OWN)
- 20... lives in other persons home or apartment (e.g., with parents or caregivers)

D4a. (IF CODE 02 or 03) ASK: Where and how long? _____

D5. How long have you lived there? (RECORD EXACTLY; MAKE SURE UNITS ARE RECORDED) _____ (days/weeks/months/years)

D6. Is there a time limit to where you are currently living? (refers to residence prior to hospitalization, if currently hospitalized)

(CIRCLE)

0...no

1...yes --- What is the time limit _____ (RECORD UNITS)

9...dk/na

D7. (IF LESS THAN 1 YEAR OR REPORTS NO PLACE TO LIVE) ASK: Where else have you lived in the last year? Can you start back at the beginning of the year? (PROBE TO MAKE SURE ALL RESIDENCES RECORDED).

Type of place
(USE RES. CODES)

Length of Stay
(RECORD UNITS)

_____ (days/wks/mos/yrs)

_____ (days/wks/mos/yrs)

_____ (days/wks/mos/yrs)

_____ (days/wks/mos/yrs)

D8. (INTERVIEWER: ASK EVERYBODY) During the past year how often did you sleep in each of the following locations:

	Never	A Few Times	Many Times	Most of the Time
a. outside without shelter	1	2	3	4
b. inside an empty building	1	2	3	4
c. in a public shelter	1	2	3	4
d. in a church	1	2	3	4

(IF NO PLACE TO LIVE; SKIP TO D11)

D9. Let's talk about the place you are living now...
What is the total number of people, including yourself, presently
living in your household? Please include everyone who lives here
at least half of the time. _____ #

(USE FORM ON NEXT PAGE)

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(TAKE CLARIFYING NOTES HERE IF APPROPRIATE)

NOTE: IF MENTIONED PERSON BEFORE, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14.

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your problem? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure
- 13) Have they done anything for you or helped you out? (HAND FUNCTION CARD A, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)
- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON

	1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#22 (RESPONDENT)			1 2									1 2 3 8		
#23			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#24			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#25			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#26			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#27			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#28			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#29			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#30			1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#31		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#32		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#33		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#34		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#35		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#36		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#37		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#38		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#39		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#40		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#41		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#42		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#43		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#44		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#45		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#46		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#47		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#48		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#49		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#50		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#51		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#52		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

D10. Have there been any changes in your household over the last few years -- like people moving in or out, having disagreements with people, or someone dying?

_____ Yes _____ No

What are these changes?

D11. How stressful would you say your living situation is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

Now I'd like to ask you about the neighborhood you live in....

D12. Is there a name for the neighborhood or area where you live?

_____ No _____ Yes **(RECORD EXACTLY)**

b. What is it called? _____

D13. During the interview, we will be using a set of responses called the Delightful-Terrible Scale. Here it is. **HAND R CARD C)**. Can you read it o.k. or do you need some help? **(HELP IF NECESSARY)**

(OPTIONAL)

During the interview we will be using this to help you tell me how you feel about different things in your life. All you have to do is tell me which number best describes how you feel. For example, if you are someone who loves chocolate ice cream, you might point to "delighted". On the other hand, if you hate chocolate ice cream, you might point to "terrible". If you feel about equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Do you have any questions about the scale **(ANSWER ANY)**. Let's begin.

We've just talked about your housing situation. Using the D-T scale, tell me how do you feel about:

	T			D		
a. Your current living arrangements?	1	2	3	4	5	9
b. The privacy you have there?	1	2	3	4	5	9
c. The amount of freedom you have there?	1	2	3	4	5	9
d. The prospect of staying on where you are now for a long period of time?	1	2	3	4	5	9
e. The way things are in general between you and your neighbors?	1	2	3	4	5	9

D14. Here's a card to help you with your responses to the next set of questions. Could you look at the first scale. How important to you is... (HAND CARD D)

	Not at all				Very	
a. Being a neighbor	1	2	3	4	5	9
b. Being a member of a household	1	2	3	4	5	9

D15. Now would you look at the second scale on the card. Summing up all your good points and bad points, in your opinion, how good or successful are you as...

	Poor				Very	
a. A neighbor	1	2	3	4	5	9
b. A member of a household	1	2	3	4	5	9

SECTION E - FAMILY OUTSIDE THE HOUSEHOLD AND RELATIVES

Now, I'd like to talk to you about family matters. Let me make sure that I have your marital status right...

E1. Are you....

- 1. currently married
- 2. divorced
- 3. separated
- 4. widowed
- 5. never married



E2. Is/was that your first marriage? ___Yes ___No

E3. How many times have you been married? _____

E4. Do you have children? _____Yes _____No

E5. How many? _____

E6. (IF NOT MARRIED CURRENTLY: ASK): Do you have a boy/
girlfriend, fiancée or one "friend" you are dating and see a lot
of?

_____ Yes _____ No

What is his/her name?

(RECORD NAMES ON FORM ON NEXT PAGE)

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E7. Now I'd like you to tell me about the members of your family
and relatives that do not live in your household but that you see
or talk to at least occasionally over the last year.

(RECORD NAMES ON FORM ON NEXT PAGE)

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E8. Are there any members of your family or relatives that you
have not yet told me about that you avoid, are not speaking with,
are estranged from or who you generally don't like?

(RECORD NAMES ON FORM ON NEXT PAGE)

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NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?

CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD 9, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#53		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#54		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#55		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#56		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#57		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#58		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#59		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#60		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#61		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#62		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#63		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#64		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#65		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#66		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#67		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#68		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#69		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#70		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#71		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
DON'T LIKE													
#72		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#73		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#74		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#75		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#76		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

E9. Now I'd like you to think about all of your family. How stressful would you say your family life is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

E10. Let's look at the Delightful-Terrible Scale again. Here's CARD C (HAND R CARD C). Could you tell me how do you feel about:

	Terrible				Delightful	
1. How often you have contact with your family?	1	2	3	4	5	9
2. The way things are in general between you and your family?	1	2	3	4	5	9
4. The amount of emotional support you family gives you?	1	2	3	4	5	9
5. The amount of help your family gives you?	1	2	3	4	5	9

E11. Now I'd like to ask you about being a family member or relative. (HAND R CARD B).

Would you look at the first scale on the CARD. (READ ALL THAT APPLY)

How important to you is being an (R's role)?

Now would you look at the second scale. Summing up all your good points and bad points as a (R's role) in your opinion, how good or successful a (R's role) would you say that you are? READ ALL THAT APPLY

	How important?					How good?						
	Not		Very			Poor		Good				
a. (family member)	1	2	3	4	5	8	1	2	3	4	5	8
b. (spouse/partner)	1	2	3	4	5	8	1	2	3	4	5	8
c. (son/daughter)	1	2	3	4	5	8	1	2	3	4	5	8
d. (parent)	1	2	3	4	5	8	1	2	3	4	5	8
e. (brother/sister)	1	2	3	4	5	8	1	2	3	4	5	8
f. (in-law)	1	2	3	4	5	8	1	2	3	4	5	8
g. (granddaughter/ grandson)	1	2	3	4	5	8	1	2	3	4	5	8

SECTION F - TRAINING AND WORK

Now, I'd like to talk to you about your educational background and your work.

F1. First, what is the highest grade of regular school that you have completed and gotten credit for? **(IF NECESSARY, SAY:** By regular school we mean a school which can be counted toward an elementary or high school diploma or a college or university degree). **RECORD BELOW**

00...0 years; no school	07...7th grade
01...1st grade	08...8th grade
02...2nd grade	09...9th grade
03...3rd grade	10...10th grade
04...4th grade	11...11th grade
05...5th grade	12...12th grade
06...6th grade	

F2. FOR ANY ABOVE ASK: Did you get a high school diploma or pass a high school equivalency test?

Yes No **(SKIP TO F6)**

13...1st year of college	F3. FOR ANY OF THESE ASK: Do you have any college degrees?
14...2nd year of college	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO F6)
15...3rd year of college	
16...4th year of college	

F4. Do you have any advanced degrees?
 Yes No **(SKIP TO F6)**

F5. What is the highest degree you have earned?

(RECORD VERBATIM: CODE ONLY ONE)

01...Associate/Junior College (AA)
02...Bachelor's Degree (BA,BS)
03...Master's Degree (MA, MS, MSW, MBA)
04...Doctoral Degree (Ph.D.)
05...Professional Degree (MD,JD,DDS)

F6. 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 > GO TO F7
- 02...Working part-time for pay
- 03...Have a job, temporarily laid off, on leave, vacation
- 04...In School
- 05...Keeping house
- 06...Full-time volunteer
- 07...part-time volunteer THEN GO TO F16
- 08...Unemployed, can't find a job
- 09...Unemployed, don't want to work
- 10...Unemployed, afraid of losing benefits
- 11...retired
- 12...permanently physically disabled/unable to work
- 13...permanently mentally diasabled/unable to work
- 14...Other (SPECIFY: _____)

F6a. (IF 08-11) ASK: How long: _____

F7. IF EMPLOYED OR TEMPORARILY LAID OFF OR ON LEAVE (OTHERWISE, SKIP TO Q.VI.t.):ASK:

What kind of job is that? Is it...

- 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

F8. What is that job called?

F9. What do you actually do in that job? Tell me, what are some of your main duties?

(ASK ONLY IF NOT CLEAR

F10. Are you self-employed or do you work for somebody else?
_____ Self-employed _____ Worked for others

F11. How long have you been in this line of work?
_____ (wks/mos/years)

F12. How did you get this job? (PROBES: Did anyone tell you about it? Who was that? INTERVIEWER: GET RELATIONSHIP TO R. How do you know that person? IF NAME MENTIONED PREVIOUSLY, SIMPLY RECORD PRIOR ID# AND GO ON TO NEXT QUESTIONS)

F13. Now I'd like to know a little bit about the people you work with. Who are the people at work that you have contact with and talk to at least occasionally about things?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

F14. Who are the people at work that you have not yet told me about that you avoid, are not speaking with or you generally don't like?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#77		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#78		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#79		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#80		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#81		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#82		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#83		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#84		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#85		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#86		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#87		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#88		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#89		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#90		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#91		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#92		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#93		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#94		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#95		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
DON'T LIKE													
#96		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#97		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#98		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#99		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#100		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

F15. How stressful would you say your job is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

ASK FOR THOSE CURRENTLY EMPLOYED OR TEMPORARILY LAID OFF OR ON LEAVE

F16. Let's go back to the Delightful-Terrible Scale. **(HAND R Card C)** Can you tell me how do you feel about.....

- | | | | | | | |
|---|---|---|---|---|---|---|
| a. Your job? | 1 | 2 | 3 | 4 | 5 | 9 |
| b. The people you work with? | 1 | 2 | 3 | 4 | 5 | 9 |
| c. The amount you get paid? | 1 | 2 | 3 | 4 | 5 | 9 |
| d. The satisfaction you get from doing your job? | 1 | 2 | 3 | 4 | 5 | 9 |
| e. The assistance you get from co-workers when you need it? | 1 | 2 | 3 | 4 | 5 | 9 |
| f. The emotional support you get from co-workers? | 1 | 2 | 3 | 4 | 5 | 9 |

F17. In the last year, have there been any major changes or difficulties in your job situation -- something like a promotion, a transfer, new responsibilities or a disagreement with someone at work? _____ NO _____ Yes

What are they? **(RECORD in detail)** _____

ASK FOR STUDENTS ONLY; OTHERWISE SKIP TO PAGE :

F18. Who are the people at school that you hang out with, know or talk to at least occasionally?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

F19. Who are the people at school that you have not yet told me about that you avoid, are not speaking with or you generally don't like?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTES: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?

CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD E, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#101		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#102		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#103		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#104		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#105		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#106		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#107		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#108		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#109		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#110		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#111		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#112		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#113		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#114		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#115		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#116		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#117		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#118		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#119		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
DON'T LIKE													
#120		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#121		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#122		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#123		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#124		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

F20. In the last year, have there been any major changes or difficulties in your school situation -- something like problems in a class or with a teacher or a disagreement with someone at work? _____ NO _____ Yes

What are they? (RECORD IN DETAIL) _____

F21. How stressful would you say your life at school is?
 1...very stressful
 2...sorta stressful
 3...not very stressful
 4...not stressful at all
 9...NA

F22. Let's go back to the Delightful-Terrible Scale. (HAND R CARD C) Can you tell me how do you feel about....

a. Being a student?	1	2	3	4	5	9
b. Your school?	1	2	3	4	5	9
c. The other students at your school?	1	2	3	4	5	9
d. The satisfaction you get from your schooling?	1	2	3	4	5	9

(FOR VOLUNTEERS: REMEMBER THAT WE ARE ONLY INTERESTED IN PEOPLE WHO VOLUNTEER AS A FULL OR PART-TIME JOB; OTHERWISE SKIP TO F27)

F23. Who do you do your volunteer work with? (RECORD NAME OF ALL ORGANIZATIONS, PROGRAMS THAT RESPONDENT VOLUNTEERS FOR)

F24. What do you actually do in your volunteer work?

F25. Who are people you know or talk to at least occassionally in doing your volunteer work?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

F26. Are there any people in your volunteer work that you have not yet told me about that you avoid, are not speaking with or you generally don't like?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#125		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#126		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#127		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#128		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#129		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#130		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#131		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#132		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Does?	13. Function	14. Cause Problems
#133		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#134		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#135		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#136		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#137		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#138		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#139		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#140		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#141		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#142		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#143		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
DON'T LIKE													
#144		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#145		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#146		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#147		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#148		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

F27. In the last year, have there been any major changes or difficulties in your volunteer work -- something like a new responsibilities or a disagreement with someone at work?

_____ NO _____ Yes

ee.What are they? (RECORD IN DETAIL) _____

F28. How stressful would you say your volunteer work is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

F29. Let's go back to the Delightful-Terrible Scale (HAND R CARD C). Can you tell me how do you feel about....

	T				D	
a. Being a volunteer?	1	2	3	4	5	9
b. The place you volunteer?	1	2	3	4	5	9
c. The other volunteers you work with?	1	2	3	4	5	9
d. What you accomplish in your volunteer work?	1	2	3	4	5	9
e. The satisfaction you get from your volunteer work?	1	2	3	4	5	9

(ASK OF ALL WHO INDICATE THEY KEEP HOUSE)

F30. In the last year, have there been any major changes or difficulties in your household situation or responsibilities -- something like new responsibilities or a disagreement with someone about your housework? ___ NO ___ Yes

What are they? (RECORD IN DETAIL) _____

F31. How stressful would you say your housework responsibilities are?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

F32. Let's go back to the Delightful-Terrible Scale (HAND R CARD C). Can you tell me how you feel about.....

	T				D	
a. The time you have to get your household work done?	1	2	3	4	5	9
b. The demands that others make in your household work?	1	2	3	4	5	9
c. The people that you have contact with in your household work?	1	2	3	4	5	9
d. The appreciation you get for your household work?	1	2	3	4	5	9
e. The satisfaction you get from your housework?	1	2	3	4	5	9

ASK EVERYBODY WHO IS NOT CURRENTLY WORKING, TEMPORARILY LAID-OFF, OR ON LEAVE:

F33. Did you work for as long as one full year (GET MOST RECENT)?

01...Yes 02...No (SKIP TO F37)

What was that job called?

What did you actually do in that job? What were some of your main duties?

FOR EVERYONE WHO HAS HELD A JOB AT ANYTIME:

What is the best paying job you have ever had?

F34. For those currently working: Is it your current job that we've talked about?

_____ Yes (SKIP TO F37) _____ No (TO F36)

F35. For those who have held a job for 1 year: Was it the job we just talked about?

_____ Yes (SKIP TO F37) _____ No (TO F36)

F36. About how long ago did you last work on that job?

_____ (days/wks/mos/yrs)

For how long did you work continuously on that job?

_____ (weeks/mos/yrs)

What was that job called?

What did you actually do in that job? What were some of your main duties?

F37. I'm going to ask you about how important all these activities are to you....

Here's CARD D again. Could you tell me how important to you is being an (R's role).

Would you look at the second scale. Summing up all your good points and bad points as a (role), in your opinion, how good or successful would you say that you are

READ ALL THAT APPLY. FILL IN JOB TITLES WHERE LINES INDICATE

	How important?						How good?					
	Not		Very				Poor		Good			
(R's current/past occ)	1	2	3	4	5	8	1	2	3	4	5	8

(R's best occ)	1	2	3	4	5	8	1	2	3	4	5	8

(keeping house)	1	2	3	4	5	8	1	2	3	4	5	8
(volunteer)	1	2	3	4	5	8	1	2	3	4	5	8
(student)	1	2	3	4	5	8	1	2	3	4	5	8

SECTION G - INCOME AND FINANCIAL SECURITY

G1. I'd like to know a little bit about how you're getting along financially these days...

First, I am going to ask about your income, then about your family or household income.

Let's go over with you a list of possible sources of income and I'd like you to tell me whether or not you got money from each of these sources for the last calendar year, i.e., 1990.

	Received		Still Getting	
a. Earned income	Y	N	Y	N
b. Social Security Benefits	Y	N	Y	N
c. Supplemental Security Income (SSI)	Y	N	Y	N
d. Social Service Benefits--state or county (AFDC, general welfare, food stamps)	Y	N	Y	N
e. Vocational programs (CETS, Voc. Rehabilitation, Sheltered Workshop, Goodwill, Salvation Army)	Y	N	Y	N
f. Unemployment Compensation	Y	N	Y	N
g. Retirement, investment or savings income	Y	N	Y	N
h. Rent supplements (including HUD, section 8 certificates, living programs receiving public support)	Y	N	Y	N
i. Alimony and child support	Y	N	Y	N
j. Armed service connected disability payments	Y	N	Y	N
k. Any other source? (SPECIFY: _____)	Y	N	Y	N
(SPECIFY: _____)	Y	N	Y	N
(SPECIFY: _____)	Y	N	Y	N

G2. You've told me that in the last calendar year you get money from _____ (FILL IN #) sources. Can you tell me what the total amount is from all sources per month or per year, whichever is easier? _____ \$ per month/year (CIRCLE)

IF RESPONDENT IS HAVING DIFFICULTY, TRY TO GET AMOUNT PER MONTH FROM EACH SOURCE AND ADD UP LATE) ASK: Would it be easier to go through each one?

G3. Does your family or spouse/partner contribute to your household income? _____ Yes _____ No

G3a. IF YES: What does he/she/they do? _____

(ASK ONLY IF LIVES IN A HOUSEHOLD WITH OTHERS)

G4. Approximately how much income did you and all the members of your household have from sources this past calendar year, i.e., 1990? You can just tell me a category number from this card.

(HAND R CARD E; CIRCLE RESPONSE)

- 01...below 4, 999
- 02...between \$5,000 and 9,999
- 03...between \$10,000 and \$14,999
- 04...between \$15,000 and \$19,999
- 05...between 20,000 and \$24,999
- 06...between 25,000 and \$29,999
- 07...between \$30,000 and \$39,999
- 08...between 40,000 and 49,999
- 09...between \$40,000 and \$59,999
- 10...\$60,000 and above

G5. If Respondent is receiving benefits: Who is the payee for your benefits?

- 1...respondent
- 2...spouse/partner
- 3...mental health program
- 4...parents
- 5...sibling or other relative
- 6...other (SPECIFY _____)

G6. ASK ALL: Who manages your money?

- 1...respondent
- 2...spouse/partner
- 3...respondent and spouse/partner jointly
- 4...mental health program
- 5...parents
- 6...sibling or other relative
- 7...other (SPECIFY _____)

(ASK ALL:)

G7. What about your health care benefits and insurance? Do you have....

a...Employee provided health insurance (Blue Cross/Blue Shield, Health Maintenance Organization, etc.)	Y	N	DK
b...Medicaid	Y	N	DK
c...Medicare	Y	N	DK
d...Private policy or supplement	Y	N	DK
e...Other (SPECIFY: _____)			

G8. How stressful would you say your financial situation is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 9...NA

G9. Let's go back to the Delightful-Terrible Scale (HAND R CARD C). Can you tell me how you feel about?

	T				D	
a. What you have to pay for basic necessities such as food, housing and clothes?	1	2	3	4	5	8
b. How comfortable and well-off you are financially?	1	2	3	4	5	8
c. How much money you have to spend for fun?	1	2	3	4	5	8
d. How satisfied are you with your medical insurance?	1	2	3	4	5	8

H11. Would you like to join such a group?

_____ Yes _____ No (SKIP TO H13)

H12. What has stopped you from joining?

- 1...didn't know such groups existed
- 2...don't know how to join
- 3...don't have time
- 4...transportation difficult
- 5...other (SPECIFY: _____)

H13. I'd like you to take a few moments to think about who your close friends are. Who are these people? We're interested in people who live near you and those who may live far away.

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

H14. We've just spent some time talking about your really close friends and I'd now like to spend a little time talking about your more casual acquaintances. By this I mean people who are not close friends but people you know in your neighborhood, from church, from the clubs or organizations you told me about, from your hobbies and other leisure activities. I'd like you to take a minute now and think about who these people are.

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

H15. Are there any people you consider to be your enemies or people who you just don't like?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
 - 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
 - 8) Do they know about your situation? 1=Yes 2=No
 - 9) Did you talk to them about your situation? 1=Yes 2=No
 - 10) Did they come and talk to you about it first? 1=Yes 2=No
 - 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
 - 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure
- Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)
- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON; THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#149		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#150		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#151		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#152		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#153		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#154		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#155		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#156		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#157		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#158		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		

CLOSE FRIENDS

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Does?	13. Function	14. Cause Problems
ACQUAINTANCES													
#159		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#160		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#161		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#162		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#163		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#164		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#165		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#166		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
ENEMIES													
#167		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#168		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#169		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#170		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#171		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#172		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#173		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		
#174		1 2			1 2 3	1 2 3	Y N	Y N	Y N	1 2 3 8	1 2 3 8		

H16. (ASK ALL ROLES THAT APPLY TO THIS PERSON) Here's CARD D again. Please look at the first scale. How important to you is being an (R's role).

Now would you look at the second scale on CARD D. Summing up all your good points and bad points as a (role), in your opinion, how good or successful would you say that you are

(READ ALL THAT APPLY; FILL IN BLANKS TO IDENTIFY SPECIFIC HOBBIES AND ORGANIZATIONS)

	How important?					How good?						
	Not		Very			Poor		Good				
a. (a friend)	1	2	3	4	5	9	1	2	3	4	5	9
b. (hobby 1: _____)	1	2	3	4	5	9	1	2	3	4	5	9
c. (hobby 2: _____)	1	2	3	4	5	9	1	2	3	4	5	9
d. (hobby 3: _____)	1	2	3	4	5	9	1	2	3	4	5	9
e. (org. mem 1 _____)	1	2	3	4	5	9	1	2	3	4	5	9
f. (org. mem 2 _____)	1	2	3	4	5	9	1	2	3	4	5	9
g. (org. mem 3 _____)	1	2	3	4	5	9	1	2	3	4	5	9
h. (org. mem 4 _____)	1	2	3	4	5	9	1	2	3	4	5	9
i. (other _____)	1	2	3	4	5	9	1	2	3	4	5	9
j. (other _____)	1	2	3	4	5	9	1	2	3	4	5	9

H17. How stressful would you say your personal and social life is?

- 1...very stressful
- 2...sorta stressful
- 3...not very stressful
- 4...not stressful at all
- 9...NA

H18. Let's go back to the D-T scale again. Here's CARD C. **HAND R CARD C.** Can you tell me how you feel about?

	T				D	
a. The way you spend your spare time?	1	2	3	4	5	9
b. Your opportunity to take part in leisure activities?	1	2	3	4	5	9
c. The amount of spare time in your life?	1	2	3	4	5	9
d. The pleasure you get from radio and tv?	1	2	3	4	5	9
e. The amount of time you spend with other people?	1	2	3	4	5	9
f. The number of friends in your life?	1	2	3	4	5	9

H19. I'd like to ask you about different parts of your life. At the moment, would you say...

	Good	Fair	Poor	DK	NA
a. Your financial situation now is	1	2	3	8	9
b. Your housing now is	1	2	3	8	9
c. Your relationships with my family are now	1	2	3	8	9
d. Your relationships with my friends now are	1	2	3	8	9
e. Your employment situation now is	1	2	3	8	9
f. Your recreational activities now are	1	2	3	8	9
g. In general, your health now is	1	2	3	8	9
h. Overall, your life now is	1	2	3	8	9

SECTION I - RELIGION

In this section, I'd like to ask you a few questions about religion.

I1. Do you have a religious preference? Are you Catholic, Protestant, Jewish, some other religion or no religion?

- 01...Catholic (SKIP TO I4)
- 02...Jewish (ASK I2)
- 03...Protestant (ASK I3)
- 04...Other (SPECIFY: _____)
- 05...None (SKIP TO I7)

I2. Are you 01...Reformed
 02...Conservative
 03...Orthodox → GO TO I4

I3. 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 Church
 (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 Churches
 (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 Churches
 (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 Crist, Evangelical.....	63
Church of God.....	64
Church or 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

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.....97

I4. What is the name of the church/temple that you go to (or would go to) for services? **(RECORD EXACTLY; GET STREET ADDRESS)**

I5. How strong a **(ENTER NAME OF RELIGION HERE)** are you? Would you call yourself a very strong **(NAME)**, a strong **(NAME)**, or not so strong a **(NAME)**?

1 very strong	2 strong	3 moderate	4 not so strong	8 Dk, not sure	9 NA
---------------	----------	------------	-----------------	----------------	------

I6. How often do you attend religious services?

- 00...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 items a week

I7. In what religion were you raised?

- 01...Catholic (SKIP TO I10)
 02...Jewish (ASK I8)
 03...Protestant (ASK I9)
 04...Other (SPECIFY: _____)
 05...None

- I8. Are you 01 Reformed
 02 Conservative
 03 Orthodox

I9. 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 Church
 (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 Churches
 (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 Churches
 (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 Crist, Evangelical.....	63
Church of God.....	64
Church or 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
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.....	97

(ASK IF HAS A CURRENT RELIGION)

I10. Here's CARD B again. **HAND R CARD B.**

Would you look at the first scale. How important to you is being a (R's religious category)?

IF NECESSARY: If being a (R'S RELIGIOUS GROUP) is very important to you, you would tell me 5; if not at all 1; if somewhere in between, you would tell me the number that best represents how important it is to you

Not important at all					Very Import.	DK	NA
1	2	3	4	5	8	9	

I11. Now would you look at the second scale. Summing up all your good points and bad points as a (R'S RELIGIOUS GROUP) in your opinion, how good or successful a (R'S RELIGIOUS GROUP) would you say that you are....

Very Poor					Very Good	DK	NA
1	2	3	4	5	8	9	

I12. Let's look at the Delightful-Terrible Scale again.

HAND CARD C Would you tell me how you feel about....

					T		D
1. The peace and comfort you get from your religion?	1	2	3	4	5	9	
2. The amount of contact you have with the clergy?	1	2	3	4	5	9	
3. The people who belong to your church/temple?	1	2	3	4	5	9	
4. The amount of contact you have with the other members of the congregation?	1	2	3	4	5	9	

(ASK IF NO CURRENT RELIGIOUS PREFERENCE)

I13. How important is it to you not being a member of an organized religious group?

Not important at all					Very Import.	DK	NA
1	2	3	4	5	8	9	

SECTION J - SOCIAL NETWORKS - IMPORTANT MATTERS

J1. You have told me about a lot of people in your life. Now I'd like you to tell me which of them are the most important to you.

What I mean is....From time to time most people discuss IMPORTANT MATTERS with other people and we need people we can depend on for help. These can be family, friends, people who have been really helpful to you, any of the people you have told me about before or some new ones -- what we are interested in are the ones that you are most likely to talk to about **really** important matters in your life, whether they live near you or far away.

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

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

J2. Is there anyone who always wants to talk to you about your important matters in your life whether you want them to or not?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

J3. Are there people who are, in general, a burden to you, because they want to discuss matters important to them, even if you don't want to?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

J4. Have there been any important changes in this recently? In other words, were there people who you used to discuss important matters with that you would not or no longer talk to about such things? These could be people who you no longer feel close to, who might have moved or died.

Who are they?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON, THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#175	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#176	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#177	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#178	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#179	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#180	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#181	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#182	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#183	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3

IMPORTANT DISCUSSION PARTNERS

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
CONTROL, BUG ABOUT YOUR MATTERS													
#184		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#185		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#186		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#187		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#188		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#189		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#190		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
BURDEN TO FR. BECAUSE OF THEIR MATTERS													
#191		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#192		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#193		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#194		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#195		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#196		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#197		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
IMPORTANT CHANGES													
#198		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#199		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#200		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#201		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#202		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#203		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

SECTION K - SOCIAL NETWORKS - Health

K1. I'd like to ask you about your health....

In general, would you say your health is excellent, good, fair or poor?

_____ Excell. _____ Good _____ Fair _____ Poor _____ DK

K2. Are you taking any medicine now for any physical health problems?

Yes No (IF YES, SPECIFY: _____)

K3. Do you have any physical disability that limits your ability to work, get around or do daily activities? Yes No

(IF YES: SPECIFY _____)

K4. In the past twelve months....

Have you been in the hospital for an illness, accident or other problem? Yes No

(IF YES, SPECIFY: _____)

K5. Finally, I'm interested who among all of the people in your life that you talk to about health problems when they come up. Who are the people that you discuss your health with or you can really count on when you have physical or emotional problems?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

K6. Who are the people, whether or not you have mentioned them before, who are always talking about your mental and physical health and trying to get you to do things about them?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

K7. Are there people who are, in general, a burden to you because of their emotional or physical health problems and always want to talk to you about their problems whether you want them to or not?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

K8. Have there been any important changes in any of these lists? In other words were there people who you used to discuss health issues with or that you would rely on for help that you would not or no longer talk to about such things? These could be people who you no longer feel close to, who might have moved or died.

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? {USE CARD A}

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON, THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#204	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#205	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#206	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#207	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#208	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#209	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#210	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#211	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#212	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3

IMPORTANT HEALTH PARTNERS

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
K6. CONTROL, BUG ABOUT YOUR HEALTH MATTERS													
#213		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#214		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#215		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#216		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#217		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#218		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#219		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

K7. BURDEN TO FR. BECAUSE OF THEIR HEALTH MATTERS

#220		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#221		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#222		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#223		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#224		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#225		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#226		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

K8. IMPORTANT CHANGES

#227		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#228		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#229		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#230		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#231		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#232		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

GET LIST ON PINK CARD AND FOR EACH PERSON MENTIONED WHO DOES NOT APPEAR IN THE LIST, ASK R

K9. I noticed that you didn't mention (NAME _____)
(Prior ID# _____) among these people you talk to about health matters. Why is that?

(RECORD INFORMATION ON PINK CARD)

1. I forgot. THEN ASK:

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

(GO BACK AND ADD NAMES TO APPROPRIATE SECTIONS AND **)

2. Reason: _____

K10. WHILE YOU FILL IN THE LISTS AND MATRIX, HAVE THE RESPONDENTS FILL OUT THE A.C.T. SHEETS.

Now I'd like you to fill out a short form for me...this one is about how you think about different kinds of people and feelings... As it turns out, this one is easier for you just to fill out yourself.

(HAND OUT A.C.T. FORMS)

Here's a pencil...what we have is a type of person or feeling listed. I would like you to tell me how you rate them on each of the three scales that follows. Any questions? (ANSWER ANY) It is important for you to understand that the descriptions on each set change, so you must read each one carefully.

IF FEWER THAN 8 NAMES APPEAR ON PAGES 61-62, LIST ALL THE NAMES HERE AND ON MATRIX ON P. 66.

IF R GIVES MORE THAN 8 NAMES TOTAL, WRITE ALL NAMES FROM LIST K5. IN COL. K5 OF CARD G. AND ALL NAMES FROM LISTS K6 & K7 ON CARD G. THEN ASK R TO RANK EACH COLUMN SEPARATELY RANKING (1) ONE AS THE MOST IMPORTANT TO THE LEAST IMPORTANT. USE THE 1ST 4 NAMES FROM K5 AND 1ST 4 NAMES FROM K6 & K7 HERE.

WHEN R HAS COMPLETED A.C.T. SHEETS:

K11. Since we hope to see how you're doing in six months, we would like to have some way to reach you if you move. Who among the people you just told me about or any others are most likely to know your whereabouts? GET ADDRESS AND TELEPHONE NUMBER (OR WHERE THAT PERSON CAN BE REACHED). ASK IF THE PHONE IS IN THAT PERSON'S NAME; IF NOT; GET THE NAME OF PERSON). DO NOT ASK IF PERSON LIVES IN SAME HOUSEHOLD. IF FEWER THAN 5 CONTACTS WHO DO NOT LIVE IN THE SAME HH, ASK WHO ELSE IS LIKELY TO KNOW WHERE THEY ARE AND RECORD IN H12.

That is A1: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

A2: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

A3: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

A4: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

A5: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

A6: _____

Address _____
 _____ Same HH
 Phone Number _____ in
 name _____ Yes _____ No
 Who's phone _____

IF R'S INFORMATION IS INCOMPLETE AND CANNOT/DOES NOT HAVE ADDRESS BOOK HANDY, GIVE R RETURN ENVELOPE AND ADDRESS VERIFICATION SHEET AND ASK TO FILL OUT AND SEND TO US.

WILL FR BE RETURNING ADDRESS VERIFICATION SHEET? _____ YES _____ NO

K12. **USE MATRIX FORM, FILL IN NAMES:** Please think about the relations between these people you told me about earlier. Some of them may be total strangers in the sense that they wouldn't recognize one another if they bumped into each other on the street. Others may know each other a bit or they may be especially close.

First, think about (X1 _____) and (X2 _____).

How close are they to one another: 1=very close
 2=sorta close
 3=not very close
 4=don't know each other
 8=I don't know

	X2	X3	X4	X5	X6	X7	X8
_____ X1	_____	_____	_____	_____	_____	_____	_____
_____ X2		_____	_____	_____	_____	_____	_____
_____ X3			_____	_____	_____	_____	_____
_____ X4				_____	_____	_____	_____
_____ X5					_____	_____	_____
_____ X6						_____	_____
_____ X7							_____

K13. Which of the people we just talked about do you think you will still be in touch with in two years or who will stay in touch with you? **(HAND LIST IF NECESSARY)**

NAME	WHY
ID#1() _____	_____
ID#2() _____	_____
ID#3() _____	_____
ID#4() _____	_____

K14. Are there any people on this list that you don't think you'll stay in touch with or who won't stay in touch with you?

NAME	WHY
ID#1() _____	_____
ID#2() _____	_____
ID#3() _____	_____
ID#4() _____	_____

K15. I'd like to ask you how you feel, in general, about how you deal with personal matters:

Here's a CARD to help you with the responses. (HAND R CARD H)

	Usually	Some times ever	Hardly ever	Never	DK	NA
a. When you are concerned about a personal matter -- for example, something you are worried about -- how often do you talk about it with someone?	1	2	3	4	8	9
b. Do you ever feel burdened or obligated when other people help you out?	1	2	3	4	8	9
c. Do you ever feel resentment when you help out other people and they forgot to help you in return when you could use it?	1	2	3	4	8	9
d. Do you like to share your problems with other people?	1	2	3	4	8	9
e. Do you mind other people telling you about their problems?	1	2	3	4	8	9

SECTION L - COMMON PROBLEMS

L1. Have you ever known anyone who was in a similar situation to you? Yes No

L2. Have you ever know anyone who had what you considered to be an emotional or mental problem? Yes No

L3. Have you ever know anyone who has been treated by a mental health professional? Yes No

IF NO TO ALL 3 QUESTIONS ABOVE; SKIP TO NEXT SECTION M. IF YES TO ANY ONE, ASK:

L4. Have you discussed your situation with them? Yes No (SKIP TO SECTION M)
Who are these people?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Talk to Before/ After	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#233		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#234		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#235		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#236		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
MENTAL OR PHYSICAL ILLNESS													
#237		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#238		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#239		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#240		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

SIMILAR SITUATION

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Talk to Before/ After	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
TREATED BY MENTAL H. PROF.													
#241	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#242	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#243	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3
#244	_____	1 2	_____	_____	1 2 3	1 2 3	Y N	Y N	Y N	_____	1 2 3 8	1 2 3 4 5	1 2 3

SECTION M - HEALTH, TREATMENT AND THE CLINIC

Now, I'd like to talk to you about your experiences at Wishard/Methodist.....

Before you begin, I want to remind you that everything will be kept in strict confidence. NO one you know (for example, your doctor or hospital staff) will be informed of anything you report. So, feel free to be candid

M1. What did the doctors here tell you about your situation? By what name did they call it? (RECORD VERBATIM)

M2. What does this mean to you?

M3. What did they do for you here?

M4. Did they do anything here you didn't like? _____ Yes
 _____ No

What was that? _____

M5. Is the situation better or worse now?
 ___ Better ___ Worse ___ No Change

(IF CHANGED)

M6. Did the services you received here contribute to this change? _____ Yes _____ No

M7. Do you think you would come back here if you need to?
_____Yes _____No

M8. Suppose this hospital closed. Where would you go or what would you do if you needed to come back?

M9. Is there anyone on the staff of Wishard (or the clinics)/ Methodist, including your doctor, that you consider to be a friend?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

M10. Is there anyone here you feel you could call if you needed help?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

M11. Is there anyone on the staff of the hospital or clinics, including your doctor, that gives you a hard time, hassles you or who you don't especially like?

(RECORD NAMES ON FORM ON NEXT PAGE)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 9 & 10. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#

CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Position in hospital/clinic?
- 9) Have they done anything for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)
- 10) Does this person hassle you, cause you problems or make your life difficult? 1=a lot 2=sometimes 3=no/not really

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Position	9. Function	10. Cause Problems
j. FRIEND									
#245		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#246		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#247		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#248		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#249		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#250		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#251		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#252		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#253		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#254		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Position	9. Function	10. Cause Problems
k. CALL IF NEED HELP									
#255		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#256		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#257		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#258		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#259		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#260		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#261		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
l. HARD TIME OR DON'T LIKE									
#262		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#263		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#264		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#265		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#266		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3
#267		1 2			1 2 3	1 2 3		1 2 3 4 5	1 2 3

M12. Now, I'd like to ask you about how things went while you have been in contact with the people at Methodist/Wishard. Could you tell me whether you agree or disagree with the following statements. You can look at **CARD I** to help you with the response categories:

	SA	A	Un	D	SD	NA
a. I was satisfied with how things went at the hospital or clinic	1	2	3	4	5	9
b. I appreciated the efforts the doctor/clinician made	1	2	3	4	5	9
c. I felt a good connection or rapport with my (doctor/clinician)	1	2	3	4	5	9
d. I felt frustrated by this encounter	1	2	3	4	5	9
e. The doctor told me the name of my illness in words that I could understand	1	2	3	4	5	9
f. The doctor told me all I wanted to know about my situation	1	2	3	4	5	9
g. I wish the staff at the hospital and clinic would give me more advice and guidance	1	2	3	4	5	9
h. I feel I understand pretty well the doctor's plan for helping me	1	2	3	4	5	9
i. The doctor takes a deep personal interest in me	1	2	3	4	5	9
j. The staff at the hospital takes a deep personal interest in me	1	2	3	4	5	9
k. The staff at the hospital cares if you get better	1	2	3	4	5	9

M13. Let's go back to the Delightful-Terrible Scale (HAND R CARD C). Tell me how you feel about:

	T				D			
a. With the assistance you received at Methodist/CIU?	1	2	3	4	5	6	7	8
b. With the assistance received from people at Methodist/Wishard in finding needed community services?	1	2	3	4	5	6	7	8
c. With the information received from people at Methodist/Wishard in helping you to cope with crises that arise?	1	2	3	4	5	6	7	8
d. With the amount of contact you had with those who treated you?	1	2	3	4	5	6	7	8
e. With the support and comfort provided by the staff?	1	2	3	4	5	6	7	8

SECTION N - MEDICATION COMPLIANCE

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

N1. Are there any doctor-prescribed medications which you should be taking for this situation?

_____ Yes _____ No (SKIP TO N4)

N2. Tell me what they are?

For each ask: 1) What is its name? What is it called?

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

3) Is it expensive?

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

5) Does it have side effects?

Name	Dosage (Frequency)	Expensive			How Often Take				Side Effects	
		Y	N	DK	1	2	3	9	Y	N
_____	_____	Y	N	DK	1	2	3	9	Y	N
_____	_____	Y	N	DK	1	2	3	9	Y	N
_____	_____	Y	N	DK	1	2	3	9	Y	N
_____	_____	Y	N	DK	1	2	3	9	Y	N

N3. (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 |

N4. Is there anybody who tries to help you remember to take your medication? ___ Yes ___ No (SKIP TO N5)

Who are these people?

(RECORD NAMES ON FORM ON PAGE 74)

----->

N5. Is there anyone who nags you about your medication or is always checking up on you and bothering you about your medication? ___ Yes ___ No (SKIP TO N6)

Who are these people?

(RECORD NAMES ON FORM ON PAGE 75)

----->

N6. Is there anyone who thinks taking your medication IS NOT a good idea or who sometimes suggests to you that maybe you shouldn't take it? ___ Yes ___ No (SKIP TO N7)

Who are these people?

(RECORD NAMES ON FORM ON PAGE 75)

----->

NOTE: IF MENTIONED ONLY ON SEQUENCE LIST, RECORD PRIOR ID# AND ASK 8, 9, 10, 13, & 14. IF MENTIONED ANYWHERE ELSE: RECORD FULL NAME AND CHECK PRIOR ID#
 CODES: How are you connected to this person? (USE CARD A)

- 6) How close are you to this person? CODES: 1=very close 2=sorta 3=not very close
- 7) How often do you see or talk to the person? 1=often 2=occasionally 3=hardly ever
- 8) Do they know about your situation? 1=Yes 2=No
- 9) Did you talk to them about your situation? 1=Yes 2=No
- 10) Did they come and talk to you about it first? 1=Yes 2=No
- 11) What would you say the attitude of (name) was to your situation? Were they 1=sympathetic 2=indifferent 3=hostile 8=other (specify)
- 12) Do they trust doctors to take care of people's problems?
 CODES: 1=A lot 2=most of the time 3=not very much 8=Don't know/unsure

Has this person done any of the following for you or helped you out? (HAND FUNCTION CARD B, RECORD ALL THAT APPLY... PROBE: WHAT ELSE?)

- 14) Does this person hassle you, cause you problems, or make your life difficult? 1=a lot 2=sometimes 3=no/not really

RECORD BOTH FIRST AND LAST NAME OF EACH PERSON, THEN, GO BACK AND ASK INFORMATION ON EACH PERSON.

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
#268		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#269		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#270		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#271		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#272		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#273		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#274		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#275		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#276		1 2			1 2 3	1 2 3	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

HELP REMEMBER

1. Full Name	2. Prior ID#	3. M F	4. Age	5. Connection	6. How Close	7. Contact	8. Know about Sit.	9. Talk to Them	10. Talk to You	11. Reaction	12. Trust Docs?	13. Function	14. Cause Problems
NAGS ABOUT MEDICATION													
#277		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#278		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#279		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#280		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#281		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#282		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#283		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#284		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#285		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#286		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#287		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
THINKS MEDS NOT GOOD													
#288		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#289		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#290		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#291		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#292		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#293		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#294		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#295		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3
#296		1 2			1 2 3 1 2 3	Y N	Y N	Y N	Y N		1 2 3 8	1 2 3 4 5	1 2 3

N7. Now I'd like to ask you about other services that you might find useful. In particular, I'm interested in whether anybody at (Methodist/Wishard) ever discussed what you needed in terms of these services and if they contacted anyone for you about this service. Here's a card to help you with the responses to some of these questions. (HAND K CARD J)

	Degree of Problem				Need Help?				Know	Place	Discuss with you	Contact for you?	Who(position)
	None	Mild	Moderate	Serious	Daily	Often	Occas.	Never					
1. getting and keeping housing (e.g., supervised housing)	1	2	3	4	1	2	3	4	Y	N	Y	N	
2. getting and keeping work or employment (e.g., vocational training, sheltered workshop opportunities. etc.)	1	2	3	4	1	2	3	4	Y	N	Y	N	
3. getting and keeping medication	1	2	3	4	1	2	3	4	Y	N	Y	N	
4. additional therapy	1	2	3	4	1	2	3	4	Y	N	Y	N	
5. About daycare or aftercare for yourself	1	2	3	4	1	2	3	4	Y	N	Y	N	
6. About Welfare or Social Security benefits	1	2	3	4	1	2	3	4	Y	N	Y	N	
7. About other benefits like food stamps	1	2	3	4	1	2	3	4	Y	N	Y	N	
8. about training programs to help you take care of yourself, like plan your diet, take care of your personal hygiene, go shopping, etc.	1	2	3	4	1	2	3	4	Y	N	Y	N	
9. About help in planning how to use your leisure time, plan social activities	1	2	3	4	1	2	3	4	Y	N	Y	N	
10. Support for your family, friends, etc like support groups	1	2	3	4	1	2	3	4	Y	N	Y	N	
11. Taking care of children or any other people that you have responsibility for	1	2	3	4	1	2	3	4	Y	N	Y	N	
12. Transportation to work, activities, etc.	1	2	3	4	1	2	3	4	Y	N	Y	N	

SECTION O - SOCIAL-PSYCHOLOGICAL MEASURES

Now, I'd like to ask you some questions about how you feel about yourself. Here's a card to help you with the responses.

(INTERVIEWER: hand R CARD I)

01. How strongly do you agree or disagree with the following statements?

	SA	A	U	D	SD	NA
a. I feel I am a person of worth, at least on an equal basis with others	1	2	3	4	5	9
b. All in all, I am inclined to feel that I am a failure	1	2	3	4	5	9
c. I am able to do things as well as most other people	1	2	3	4	5	9
d. I feel I do not have much to be proud of	1	2	3	4	5	9
e. On the whole, I am satisfied with myself	1	2	3	4	5	9
f. I wish I could have more respect for myself	1	2	3	4	5	9
g. Sometimes, I feel that I am being pushed around in life	1	2	3	4	5	9
h. I have little control over the things that happen to me	1	2	3	4	5	9
i. What happens to me in the future mostly depends on me	1	2	3	4	5	9

SECTION P - LEGAL ISSUES

P1. Have you had any contact with the police? _____ Yes
 _____ No (SKIP TO P2)

IF YES: What happened? (RECORD VERBATIM)

Charges Made? _____ Yes _____ No Jailed? ___ Yes ___ No

P2. Have you been a victim of a crime during the past year?
 _____ Yes _____ No

(SPECIFY: _____)

SECTION Q - ATTITUDES AND BELIEFS

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

Q1. Now, I'm going to read you a list of possible causes of
 mental illness. Could you please tell me how important you think
 each is in causing mental illness? Here's a card to help you with
 your responses. (HAND R CARD K)

	Very Impt.	Somewhat Impt.	Not Too Impt.	Not At All Impt.	NA
a. an imbalance of chemicals in the body or brain	1	2	3	4	9
b. inheriting a gene that causes a mental disturbance	1	2	3	4	9
c. having parents who are inconsistent in the way they treat their children	1	2	3	4	9
d. having too much social pressure on them	1	2	3	4	9
e. "fate" or "luck"	1	2	3	4	9
f. excessive use of drugs or alcohol	1	2	3	4	9
g. the will of God	1	2	3	4	9

Q2. Now, I'd like to ask your opinions about medicine, health, and health care. Could you tell me whether you agree or disagree with the following statements. You can look at CARD I to help you with this.....

HAND R CARD I

	SA	A	U	D	SD	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-today 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
Q3.	SA	A	U	D	SD	NA
a. people with a mental illness have an illness like any other illness	1	2	3	4	5	9
b. no one can really do anything to solve a mental patient's problems	1	2	3	4	5	9
c. people with mental illnesses cause their own problems	1	2	3	4	5	9
d. mental patients are no more dangerous than the average citizen	1	2	3	4	5	9
e. people with mental illnesses could control their behavior and symptoms if they wanted to	1	2	3	4	5	9

Q4. Now I'm going to read some statements that may apply to Indianapolis and Marion County at large. Could you tell me whether you agree or disagree with the following statements.

	SA	A	U	D	SD	NA
a. Landlords in this area do not want to rent to mentally ill people	1	2	3	4	5	9
b. There are not enough funds available for programs for mentally ill persons	1	2	3	4	5	9
c. The political leadership in this area is very committed to program to assist mentally ill people	1	2	3	4	5	9
d. One of the problems in this area is the shortage of mental health and health professional to work with mentally ill persons	1	2	3	4	5	9
e. Job discrimination is not a problem for the mentally ill in this area.	1	2	3	4	5	9
f. Public opinion in this county strongly favors programs for the mentally ill	1	2	3	4	5	9
g. A new halfway house for former mental patients would be readily accepted by neighborhood residents in this county	1	2	3	4	5	9

Q5.	SA	A	U	D	SD	NA
a. Drugs doctors prescribe are better than home remedies	1	2	3	4	5	9
b. When you go to doctors, they should give you the details of what is being done to you	1	2	3	4	5	9
c. If you follow a doctor's advice, you will have less illness in your lifetime	1	2	3	4	5	9
d. I often doubt some of the things that doctors say they can do	1	2	3	4	5	9
e. It is best to try out different doctors to find the one who will give you the best care	1	2	3	4	5	9

f. For most kinds of illness, it is the doctor who can help you the most 1 2 3 4 5 9

g. Doctors can prevent most serious diseases 1 2 3 4 5 9

h. Psychiatrists can be of great help in dealing with emotional problems 1 2 3 4 5 9

i. When you go to a doctor, it is sometimes a good idea to suggest treatment different from those the doctor describes 1 2 3 4 5 9

Q6. Now, I'd like to ask you a little bit about how you see your future..Again, you can use **CARD I**.

a. I think I will remain in contact with the mental health system for the rest of my life 1 2 3 4 5 9

b. I will be able to avoid returning or entering the hospital 1 2 3 4 5 9

c. I will be able to function very well in the community 1 2 3 4 5 9

d. I will continue to be dependent on my family 1 2 3 4 5 9

e. I will find work that enables me to be self-sufficient economically 1 2 3 4 5 9

f. I will remain pretty much as I am now 1 2 3 4 5 9

Q7. Now I want to ask about some things that may have happened to you. Please indicate whether or not each of the situations described has happened to you since all of this started....

(FOR EACH ITEM THAT R SAYS "YES"; ASK:) Do you think this was because of your situation?

	Happened		Because of Prob			
	Yes	No	Yes	No	DK	NA
a. Have you been refused service in or been asked to leave a restaurant, store or other business?	1	2	1	2	8	9
b. Have you had trouble finding someone who provide housing?	1	2	1	2	8	9
c. Have you been asked to move out of some place where you have been living?	1	2	1	2	8	9
d. Have you been refused a job?	1	2	1	2	8	9
e. Have you been asked to leave some job that you already had?	1	2	1	2	8	9
f. Have you been denied any services by any organization or agency in the area?	1	2	1	2	8	9
g. Has anyone seemed unwilling to make friends with you?	1	2	1	2	8	9
h. Has anyone broken off a friendship?	1	2	1	2	8	9
i. Has anyone seemed especially anxious around you?	1	2	1	2	8	9
j. Have your neighbors ever made you feel unwelcome?	1	2	1	2	8	9