



CONSUMER-OPERATED SERVICE PROGRAM (COSP)

MULTI-SITE FOLLOW-UP PROTOCOL 1.2

1. Site: _____ 2. Participant ID: _____

3. Interviewer's Name _____

4. Group Assignment: _____ 5. Language: _____ 6. Wave: _____

___ TMHS only [1] ___ English [1] 4 month [1]

8 month [2]

___ TMHS plus COSP [2] ___ Spanish [2] 12 month [3]

___ Other [3]

(specify _____)

7.

Date
__/__/__

Interview Session I: _____ minutes Start Time _____ End Time _____

Date
__/__/__

Interview Session II: _____ minutes Start Time _____ End Time _____

Date
__/__/__

Interview Session III: _____ minutes Start Time _____ End Time _____

Date
__/__/__

Interview Session IV: _____ minutes Start Time _____ End Time _____

Total Interview Time: _____ hours and _____ minutes

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INTRODUCTION

My name is _____, and I'm working for the _____. We'd like to thank you for giving up your time to help us today. You may remember that this is a national study with eight different sites throughout the United States, and through this study we hope to support and improve mental health services for persons all over the country.

The purpose of this interview is to ask you to describe your experiences with the mental health services you are currently receiving. We need to know how well the services are working, and you, as an individual are uniquely qualified to tell us about that. This information will be used to help us understand how these services affect you and the other persons who are interviewed.

We will continue ask you to answer these questions once every 4 months. **[INTERVIEWER: If this is the last interview, say instead, "This will be the last time that we ask you to answer these questions."]** All individuals are asked exactly the same questions. Everything you say will be confidential. Your name will not be connected with your answers. Each person's answers will be put together with the answers of all the other individuals we interview when we give a report.

Answering questions in this survey may bring up emotional issues for you. If you feel uncomfortable and need help, (here is a list of agencies in our area that you may contact.)

[INTERVIEWER: Provide list of agencies in your local area. In addition, your state or local IRB may require additional language such as: If you have active thoughts about danger to yourself or others, you and I must agree about who we will tell in order to get help for you. If such a protocol is required, write contact person's name, address and telephone number here:] _____

You may not want to answer a particular question. If you decide not to answer a question, please tell me and we will skip it. We will take breaks as we need them. If you have trouble seeing or understanding English, please let me know now. We can stop the interview at any time. Also, we can do part of the interview now and part later.

Remember, there are no right or wrong answers. We want to know what is true for you. As an interviewer, I must remain neutral in my responses to you and cannot give you positive or negative acknowledgements on personal issues as a friend would.

Your answers are an important part of this project, and we value the information you give us. When the project is completed, if you wish, we will be sure to send you the results of the study, and how they might be used to help improve services for you and others.

Do you have any questions? Now, if it is O.K. with you, we will begin.

Special Interviewer Instruction

[INTERVIEWER: The timeline should be completed prior to asking any common protocol questions. Refer to the timeline thereafter whenever the measure or scale has a time reference.]

Throughout this interview, I'll be asking you questions about things that have been happening in your life over the past few months. Since it can sometimes be difficult to remember specific dates and exactly when certain events occurred, I'd like to use this timeline to help us keep things straight.

[INTERVIEWER: At this point, fill in dates, starting each one out loud, beginning with today and working backwards by month. You may also want to fill in major weather events and commonly observed secular holidays (i.e., 4th of July, New Years, Thanksgiving). For religious holidays such as Christmas/Hanukkah, you might want to say, "We just passed the holiday season, are there any holidays that you observed or celebrated?"]

In order to make the timeline most useful to us, I'd like to add any memorable things that have happened in your life over the past four months. What memorable things have happened to you lately?

[INTERVIEWER: If no response, prompts might from information gained earlier in phone conversations or other small talk (i.e., I think I remember you saying earlier that you moved from your family's home to an apartment recently, when was that exactly?) Other prompts might include the following as appropriate to the respondent's situation:]

"How about your birthday, when is that?"

"Has anything changed in your life lately?"

"Have you met any new people lately or visited any new places?"

"Has anything memorable happened to any of your friends or any family member?"

"Have you gone on any field trips with people from _____ (TMHS) _____?"

DEMOGRAPHICS

1. Different people use different words to refer to people who have received mental health services; words like consumer, client, patient, ex-patient, survivor, or some other description. What do you prefer to be called?

Consumer1
 Client2
 Patient3
 Ex-patient4
 Survivor5
 Other6
 Please specify _____

2. What is your date of birth? (__ __ / __ __ / __ __ __ __)

NANS.....88/88/88
 NASK.....99/99/99

3. Do you have a physical and/or sensory disability? By a physical disability, we mean any condition that causes, for example, paralysis, muscle weakness, involuntary movements, limited range of motion, loss of a limb, fatigue, and extreme pain. By a sensory disability, we mean blindness, low vision, deafness, or hearing loss.

Yes1
 No2 [**Skip to Question 9**]
 NANS.....8
 NASK.....9

4. Do you have difficulty getting around, picking things up, or otherwise being mobile in or out of the home without the use of any mechanical devices or another person?

- Yes1
- No.....2
- NANS.....8
- NASK.....9

5. Do you have a hearing loss or use a hearing aid?

- Yes1
- No.....2
- NANS.....8
- NASK.....9

6. Do you have trouble hearing people's conversation even when using a hearing aid?

- Yes1
- No.....2
- NANS.....8
- NASK.....9

7. Are you legally blind?

Yes	1
No.....	2
NANS.....	8
NASK.....	9

8. Do you have serious difficulty seeing even when using contacts or glasses?

Yes	1
No.....	2
NANS.....	8
NASK.....	9

9. What is your current marital status?

Single or never married.....	1
Currently married	2
Separated.....	3
Divorced.....	4
Widowed	5
NANS.....	8
NASK.....	9

10. Do you have a significant other to whom you are not legally married?

Yes1

No.....2

NANS.....8

NASK.....9

11. Do you have any natural, adopted, or step-children?

Yes1

No.....2 [**Skip to Question 13**]

NANS.....8 [**Skip to Question 13**]

NASK.....9 [**Skip to Question 13**]

12. How many natural, adopted, or step-children do you have under the age of 18?

Number of children[_ _]

NANS.....8

NASK.....9

13. What is your highest level of education completed in the last four months?

†[Hand respondent scale card #3a]

None	01
HS,GED	02
Vocational specialty or trade certification	03
AA, AS	04
BA, BS	05
MA, MS	06
PhD.....	07
NANS.....	08
NASK.....	09

14. Are you currently enrolled in an education program?

Yes	1
No.....	2 [Skip to Question 16]
NANS.....	8 [Skip to Question 16]
NASK.....	9 [Skip to Question 16]

15. What degree or certificate are you seeking?

†[Refer to scale card 3a]

None	01
HS/GED	02
Vocational specialty or trade certification	03
AA, AS	04
BA, BS	05
MA, MS	06
PhD.....	07
NANS.....	08
NASK.....	09

16. Did you serve in the U.S. Military in the last four months?

Yes	1
No.....	2
NANS.....	8
NASK.....	9

17. What would make your life better right now?

a.) _____
NANS... 8 NASK... 9

b.) _____
NANS... 8 NASK... 9

c.) _____
NANS... 8 NASK... 9

EMPLOYMENT

Now I'd like to ask you some questions about your work history.

1. Have you been employed at any time in the past 4 months?

Yes..... 1

No.....2

NANS.....8

NASK9

2. Are you currently doing any work for pay or on a volunteer basis?

Yes1

No.....2 [**Skip to Question 4**]

NANS.....8 [**Skip to Question 4**]

NASK.....9 [**Skip to Question 4**]

3. If yes: What is your current job status? [INTERVIEWER: Circle all that apply.]

† [Hand respondent scale card #4]

Job Status	Yes	No	NANS	NASK
Full-time (30 hours or more a week)?	1	2	8	9
Part-time?	1	2	8	9
Irregular work (working on and off)?	1	2	8	9
Military Service?	1	2	8	9
Volunteer?	1	2	8	9
Transitional Employment?	1	2	8	9
Sheltered Employment?	1	2	8	9
Other? specify_____	1	2	8	9

4. Are you....

†[Hand respondent scale card #5]

	Yes	No	NANS	NASK
A Student?	1	2	8	9
Retired?	1	2	8	9
Disabled?	1	2	8	9
Unemployed?	1	2	8	9
A Homemaker or Caregiver?	1	2	8	9
In the Military Reserve?	1	2	8	9
Other? Specify_____	1	2	8	9

5 a. Is having a paying job important for you?

Yes1

No.....2

NANS.....8

NASK.....9

b. Would you tell me more about this?

NANS.....8

NASK.....9

6. Are you currently looking for a new or paying job?

Yes1

No.....2

NANS.....8

NASK.....9

FINANCES AND ENTITLEMENTS

CMHS Employment Intervention Demonstration Project (EIDP) (adaptation)

Included in the study of services is a study of costs and benefits. Because of this we will ask some questions about your gross income and where it comes from. Remember, everything you tell me is confidential. This information will not be shared with Social Security, any mental health provider or your family.

1. Do you have any source of income?

- Yes1
- No2 **[Skip to Question M]**
- NANS.....8
- NASK.....9

2. Now I am going to ask you about the amount of money you received during the past 30 days from a number of sources. This card gives a series of ranges of income. For each source, please tell me which range fits your income.

†[Hand respondent scale card #6]

[INTERVIEWER: If response is “No”, code as 00, code NANS as 88 and code NASK as 99]

A1. Did you receive earned income from paid employment or sheltered workshop in the past 30 days?

If yes, in what range did your income fall? _____

A2. Did you receive income from a second job in the past 30 days?

If yes, in what range did your income fall? _____

B. Did you receive income or finances from Social Security in the past 30 days?

If yes, in what range did your income fall? _____

Which source is this income from?

[INTERVIEWER: Circle all that apply.]

	Yes	No	NANS	NASK
SSI	1	2	8	9
SSDI	1	2	8	9
SSA Retirement Check	1	2	8	9

C. Did you receive VA or other armed services disability benefits in the past 30 days?

If yes, in what range did your income fall? _____

D. Did you receive VA or other armed services pension in the past 30 days?

If yes, in what range did your income fall? _____

E. Did you receive other social welfare benefits-state or county (general welfare or public aid, food stamps, fuel assistance, Temporary Assistance for Needy Families (TANF) in the past 30 days?

If yes, in what range did your income fall? _____

F. Did you receive money from vocational programs (Job Training Partnership Act [JTPA], Vocational Rehabilitation, Goodwill) in the past 30 days?

If yes, in what range did your income fall? _____

G. Did you receive unemployment compensation in the past 30 days.

If yes, in what range did your income fall? _____

H. Did you receive retirement, investment, or savings income in the past 30 days

[only if respondent receives regular payments]

If yes, in what range did your income fall? _____

I. Did you receive alimony or child support in the past 30 days?

If yes, in what range did your income fall? _____

J. Did you receive rent supplements (including HUD, Section 8 certificates, living programs receiving public assistance) in the past 30 days?

If yes, in what range did your income fall? _____

If yes, are these supplements regular or was it a one-time supplement?

Regular_____ One Time_____ NANS 8 NASK 9

K. Did you receive money from your family or friends in the past 30 days?

If yes, in what range did your income fall? _____

(Specify_____)

L. Did you receive other sources of monetary help (such as state disability) in the past 30 days?

If yes, in what range did your income fall? _____

(Specify_____)

M.Sometimes someone will provide a service to someone else in exchange for something of value. People sometimes refer to this as bartering. An example of bartering is someone may baby-sit for someone in exchange for a place to sleep or eat. Another example might be someone might mow the lawn in exchange for rides to the doctor.

Have you received any of the following through bartering in the past 30 days?

	Yes	No	NANS	NASK
Housing?	1	2	8	9
Transportation?	1	2	8	9
Food?	1	2	8	9
Other basic needs?	1	2	8	9

N. Are there any other types of assistance you get that may not be income, but provide you with things you need or want? This does not include assistance from family and friends.

Yes1 No.....2

NANS.....8 NASK.....9

<i>If yes: <u>In the past 30 days</u> did you receive assistance for. . .</i>	Yes	No	NANS	NASK
Rental supplements?	1	2	8	9
Utilities?	1	2	8	9
Medication?	1	2	8	9
Telephone?	1	2	8	9
Cable?	1	2	8	9
Food bank or meals?	1	2	8	9
Education?	1	2	8	9
Vocational or job assistance?	1	2	8	9
Transportation?	1	2	8	9

3. Did you receive any benefits or money for the following services in the past 30 days?

Service	Yes	No	NANS	NASK
Medical healthcare?	1	2	8	9
Psychiatric care?	1	2	8	9
Dental care?	1	2	8	9
Vision care?	1	2	8	9
Prescriptions?	1	2	8	9

4. Are your mental health services covered by any of these plans?

Plan	Yes	No	NANS	NASK
Medicaid?	1	2	8	9
Medicare?	1	2	8	9
Private insurance?	1	2	8	9
Veterans Administration or other armed services benefits?	1	2	8	9

5. Do your medical benefits pay for all the services you need and want?

- Yes1
- No.....2
- NANS.....8
- NASK.....9

HOUSING

I would like to learn about your housing situation over the past four months.

+ [Hand respondent card #7a].

1.

Please pick one type of housing situation that best describes where you are staying now?

[[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response. Continue asking about housing situations until the last 4 months are accounted for, then skip to Question #21 on Page 29.]

- 01 On street, car, or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else’s apartment or condo
- 08 Someone else’s house
- 09 Your own trailer or mobile home (owned or rented)
- 10 Someone else’s trailer or mobile home (owned or rented)
- 11 Boarding home
- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

2. How long have you stayed in your current housing situation?

[[INTERVIEWER: Record information as supplied by respondent.]

Days	Months	Years
NANS.....		8
NASK.....		9

3. Where did you stay before you moved into your current situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

† [Refer to scale card #7a].

- 01 On street, car, or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
- 08 Someone else's house
- 09 Your own trailer or mobile home (owned or rented)
- 10 Someone else's trailer or mobile home (owned or rented)
- 11 Boarding home
- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

4. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

5. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car, or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
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- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

6. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

7. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car, or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
- 08 Someone else's house
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- 10 Someone else's trailer or mobile home (owned or rented)
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- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

8. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

9. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
- 08 Someone else's house
- 09 Your own trailer or mobile home (owned or rented)
- 10 Someone else's trailer or mobile home (owned or rented)
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- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

10. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

11. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
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- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

12. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

13. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
- 08 Someone else's house
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- 10 Someone else's trailer or mobile home (owned or rented)
- 11 Boarding home
- 12 Transitional housing program
- 13 Group home
- 14 Crisis or respite service
- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

14. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

15. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
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- 10 Someone else's trailer or mobile home (owned or rented)
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- 15 Nursing home or intermediate care facility
- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

16. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

17. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
- 07 Someone else's apartment or condo
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- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

18. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

19. Where did you stay before you moved into the previous housing situation?

[INTERVIEWER: Circle the letter to the left of the appropriate response. Circle only one response.]

+ [Refer to scale card #7a].

- 01 On street, car or empty building, etc.
- 02 Emergency shelter
- 03 Hotel/motel
- 04 Safe haven
- 05 Your own apartment or condo (owned or rented)
- 06 Your own house (owned or rented)
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- 16 Inpatient psychiatric hospital
- 17 Other hospital
- 18 Substance abuse treatment or recovery program
- 19 Detox facility
- 20 Jail or prison
- 21 Corrections half-way house
- 22 Assisted living
- 23 Other (specify) _____

20. How long did you stay there?

[INTERVIEWER: Record information as supplied by respondent.]

_____	_____	_____
Days	Months	Years
NANS.....		8
NASK.....		9

[INTERVIEWER: If the respondent indicates that he or she has stayed in additional housing situations in the past four months, please note here.]

21. How long can you stay in your current living situation?

- No time limit1
 I will have to move2
 (If you will have to move, when? ___/___/_____)
 NANS.....8
 NASK.....9

22. Have you been homeless in the past 4 months?

- Yes1
 No.....2
 NANS.....8
 NASK.....9

23. Do you live alone or with someone else right now?

- Alone.....1 With someone.....2 NANS.....8 NASK.....9

24. If you live with someone, with whom do you live? **[Indicate all that apply]:**

+ **[Hand respondent card #8]**

	Yes	No	NANS	NASK
24.1 With other mental health consumers?	1	2	8	9
24.2 With any other non-related person?	1	2	8	9
24.3 With spouse or live-in partner?	1	2	8	9
24.4 With parents	1	2	8	9
24.5 With children? (If yes , how many ___?)	1	2	8	9
24.6 With other family members? (If yes , how many _____?)	1	2	8	9

25. How confident are you about your ability to pay for housing over the next 12 months?

† [Hand respondent scale card #9]

Very confident1
 Somewhat confident2
 A little confident3
 Not at all confident4
 NANS.....8
 NASK.....9

26. How crowded do you feel in the place where you currently stay?

† [Hand respondent scale card #10]

Very crowded1
 Somewhat crowded2
 Not too crowded3
 Not at all crowded4
 NANS.....8
 NASK.....9

SATISFACTION

Mental Health Statistical Improvement Program Consumer Survey (MHSIP)

Satisfaction with Mental Health Services

1. In the past four months, have you received services from mental health service providers?
 [By mental health service providers, we mean an outpatient, inpatient, mental health professional, seeing a psychiatrist, therapist or case managers, or another mental health professional, receiving services in a hospital, or receiving services from another mental health service not run and governed by mental health consumers.]

Traditional mental health services include being an outpatient, inpatient,.

Yes.....1

No2 **[Skip to Satisfaction with Consumer
Operated Services on page 36]**

NANS..... 8 **[Skip to Satisfaction with Consumer
Operated Services on page 36]**

NASK.....9 **[Skip to Satisfaction with Consumer
Operated Services on page 36]**

Now, I am going to read another series of statements. Please refer only to the traditional mental health services that you've received in the past four months. For each of these statements, please indicate whether you strongly agree (1), agree (2), neither agree nor disagree (neutral) (3), disagree (4), or strongly disagree (5) with these statements.

† [Hand respondent scale card #11]

[INTERVIEWER: In the case where the respondent received services from several providers, this question is about his or her overall satisfaction with all mental health services received.]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NANS	NASK
2. In general, I am satisfied with this/ these program[s].	1	2	3	4	5	8	9
3. If I had to do it over again, I would choose to participate in this/these program[s].	1	2	3	4	5	8	9
4. I would recommend this/these programs to a friend or a family member.	1	2	3	4	5	8	9
5. The location of services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5	8	9
6. The people who work there are willing to see me as often as I felt it was necessary.	1	2	3	4	5	8	9
7. The program[s] is/are available at times that were good for me.	1	2	3	4	5	8	9
8. The people who work there believe that I can grow, change and recover.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NANS	NASK
9. If I complain, people at the program[s] will still treat me well.	1	2	3	4	5	8	9
10. The people who work there encourage me to take responsibility for how I live my life.	1	2	3	4	5	8	9
11. The people who work there are sensitive to my cultural or ethnic background.	1	2	3	4	5	8	9
12. The people who work there believe that I can choose what is best for me.	1	2	3	4	5	8	9

[INTERVIEWER: Let respondent keep the scale card for the next scale.]

OUTCOMES OF SERVICES

Mental Health Statistical Improvement Program Consumer Survey (MHSIP)

For each of the following statements, please indicate whether you strongly agree (1), agree (2), neither agree nor disagree (i.e., neutral) (3), disagree (4), or strongly disagree (5). Please refer to only the traditional mental health services that you received in the past four months.

† [Refer to scale card #11]

As a result of services I have received. . .	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N A N S	N A S K
1. I deal more effectively with daily problems.	1	2	3	4	5	8	9
2. I feel better about myself.	1	2	3	4	5	8	9
3. I am better able to control my life.	1	2	3	4	5	8	9
4. I am better able to deal with crisis.	1	2	3	4	5	8	9
5. I am getting along better with my family.	1	2	3	4	5	8	9
6. I do better in social situations.	1	2	3	4	5	8	9
7. I do better in school or work. (if applicable)	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

As a result of services I have received. . .	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N A N S	N A S K
8. I do better with my leisure time (that is I get more out of leisure time).	1	2	3	4	5	8	9
9. My housing situation has improved.	1	2	3	4	5	8	9
10. My symptoms are not bothering me as much.	1	2	3	4	5	8	9
11. I have become more independent.	1	2	3	4	5	8	9
12. I have become more effective in getting what I need.	1	2	3	4	5	8	9
13. I can deal better with people and situations that used to be a problem for me.	1	2	3	4	5	8	9
14. I am better able to get physical health care.	1	2	3	4	5	8	9

[INTERVIEWER: Let respondent keep the scale card for the next scale.]

SATISFACTION

Mental Health Statistical Improvement Program Consumer Survey (MHSIP)

Satisfaction with Consumer Operated Services

1. In the past four months, have you received services from consumer operated service providers? Consumer operated services refers to a program that is administratively controlled and operated by consumers. It is intended to achieve improved outcomes and emphasizes self-help as its operational approach.

Yes.....1

No2 **[Skip to the Recent Service Use on page 41]**

NANS..... 8 **[Skip to the Recent Service Use on page 41]**

NASK.....9 **[Skip to the Recent Service Use on page 41]**

Now, I am going to read another series of statements. Please refer only to the consumer operated services that you've received in the past four months. For each of these statements, please indicate whether you strongly agree (1), agree (2), neither agree nor disagree (neutral) (3), disagree (4), or strongly disagree (5) with these statements.

† [Refer to scale card #11]

[INTERVIEWER: In the case where the respondent received services from several providers, this question is about his or her overall satisfaction with all mental health services received.]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NANS	NASK
2. In general, I am satisfied with this/ these program[s].	1	2	3	4	5	8	9
3. If I had to do it over again, I would choose to participate in this/these program[s].	1	2	3	4	5	8	9
4. I would recommend this/these programs to a friend or a family member.	1	2	3	4	5	8	9
5. The location of services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5	8	9
6. The people who work there are willing to see me as often as I felt it was necessary.	1	2	3	4	5	8	9
7. The program[s] is/are available at times that were good for me.	1	2	3	4	5	8	9
8. The people who work there believe that I can grow, change and recover.	1	2	3	4	5	8	9
[INTERVIEWER: Scale continues on next page.]							

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NANS	NASK
9. If I complain, people at the program[s] will still treat me well.	1	2	3	4	5	8	9
10. The people who work there encourage me to take responsibility for how I live my life.	1	2	3	4	5	8	9
11. The people who work there are sensitive to my cultural or ethnic background.	1	2	3	4	5	8	9
12. The people who work there believe that I can choose what is best for me.	1	2	3	4	5	8	9

[INTERVIEWER: Let respondent keep the scale card for the next scale.]

OUTCOMES OF CONSUMER-OPERATED SERVICES

Mental Health Statistical Improvement Program Consumer Survey (MHSIP)

For each of the following statements, please indicate whether you strongly agree (1), agree (2), neither agree nor disagree (i.e., neutral) (3), disagree (4), or strongly disagree (5). Please refer to only the consumer operated services that you received in the past four months.

† [Refer to scale card #11]

As a result of consumer operated services I have received. . .	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N A N S	N A S K
1. I deal more effectively with daily problems.	1	2	3	4	5	8	9
2. I feel better about myself.	1	2	3	4	5	8	9
3. I am better able to control my life.	1	2	3	4	5	8	9
4. I am better able to deal with crisis.	1	2	3	4	5	8	9
5. I am getting along better with my family.	1	2	3	4	5	8	9
6. I do better in social situations.	1	2	3	4	5	8	9
7. I do better in school or work. (if applicable)	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

As a result of the consumer operated services I have received. ..	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N A N S	N A S K
8. I do better with my leisure time (that is I get more out of leisure time).	1	2	3	4	5	8	9
9. My housing situation has improved.	1	2	3	4	5	8	9
10. My symptoms are not bothering me as much.	1	2	3	4	5	8	9
11. I have become more independent.	1	2	3	4	5	8	9
12. I have become more effective in getting what I need.	1	2	3	4	5	8	9
13. I can deal better with people and situations that used to be a problem for me.	1	2	3	4	5	8	9
14. I am better able to get physical health care.	1	2	3	4	5	8	9

RECENT SERVICE USE

1. In the past four months, have you had trouble getting the physical health care you needed?

- Yes1
- No.....2 [**Skip to Question 2**]
- NANS.....8 [**Skip to Question 2**]
- NASK.....9 [**Skip to Question 2**]

a. [**If yes**] Do you believe that you've had trouble in the past four months because you are a mental health consumer?

- Yes1
- No.....2
- NANS.....8
- NASK.....9

2. a. During the last four months, have you been taking prescribed psychiatric medications?

- Yes1
- No.....2 [**Skip to Substance Use Section on page 56**]
- NANS.....8 [**Skip to Substance Use Section on page 56**]
- NASK.....9 [**Skip to Substance Use Section on page 56**]

b. Did your doctor explain why your medications have been prescribed?

Yes1

No.....2

NANS.....8

NASK.....9

c. Have you been informed of the possible side effects of the medication(s)?

Yes1

No.....2

NANS.....8

NASK.....9

d. Do these medications help?

Yes1

No.....2

NANS.....8

NASK.....9

Subjective Side Effects Rating Scale (SSRS)

Now I will be asking about side effects from medication taken orally over the past week and medication taken by injection which may not have been administered in the past week but would still be exerting an effect. Over the counter alternative treatments like kava kava or St John's wort would be excluded. Also excluded are psychiatric effects of drugs prescribed for non-psychiatric conditions.

[INTERVIEWER: Refer to timeline to assist respondents with determining and association between the use of a specific medication and the onset of side effects from that medication when applicable.]

1. What side effects from your medications bother you the most? Please name up to 4, in any order.

1) _____

NANS. . . .8 NASK. . . .9

2) _____

NANS. . . .8 NASK. . . .9

3) _____

NANS. . . .8 NASK. . . .9

4) _____

NANS. . . .8 NASK. . . .9

Now I'm going to ask you about some specific side effects that some people have.

2. **[Subjective Akathisia]** During the past week, did your medication make you feel restless inside? Sometimes people describe this experience as “feeling like I’ll jump out of my skin.” **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

† **[Hand respondent scale card #13 and use throughout this section]**

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

3. **[Subjective Rigidity]** During the past week, did your medication make your body muscles feel stiff or rigid? Sometimes people describe this as cramps or muscle pains in the arms, legs, or neck. **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

4. **[Subjective Akinesia]** During the past week, did your medication make you feel slowed down? Have you had trouble moving, getting going, or starting things because of your medication? Some people describe this as “feeling like a zombie.” **[INTERVIEWER: this item is not asking about feeling sleepy or tired] [If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

5. **[Subjective Tremor]** During the past week, did your medication make you shake or tremble? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

6. **[Embarrassment with EPS symptoms]** During the past week, have you been embarrassed by being restless, slowed down, trembling, stiff, or rigid? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

7. **[Subjective Dry Mouth]** During the past week, did your medication make your mouth feel dry?**[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

8. **[Subjective Blurred Vision]** During the past week, did your medication make your vision blurry? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

9. **[Subjective Constipation]** During the past week, did your medication make you constipated? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

10. **[Subjective Sedation]** During the past week, did your medication make you feel sleepy or tired? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

11. **[Subjective Insomnia]** During the past week, did your medication make it hard for you to fall asleep, to stay asleep, or to get back to sleep? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

12. **[Subjective Appetite Increase]** During the past week, did your medication make you more hungry? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

13. **[Subjective Appetite Loss]** During the past week, did your medication make you less hungry? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

14. **[Subjective Memory Loss]** During the past week, did your medication make it harder for you to remember things? **[If the participant answers YES, ask the following]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

15. **[Subjective Cognitive Difficulties]** During the past week, did your medication make it hard for you to think clearly or pay attention? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

16. **[Subjective Depression]** During the past week, did your medication make you feel depressed, sad or hopeless?**[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

17. **[Subjective Change in Appearance]** When other people look at you do you think you look medicated or “drugged?” **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

18. **[Embarrassment or Stigma from being on Medication]** During the past week, have you been embarrassed or felt stigmatized in any way because you were taking medication? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

19. **[Subjective Weight Gain]** Has your medication made you gain weight, or made it harder for you to lose weight?**[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

20. **[Embarrassment with Weight Gain]** Are you embarrassed by how much you weigh? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

21. **[Subjective Weight Loss]** Has your medication made you lose weight, or made it harder for you to gain weight? **[If the participant answers YES, ask the following:]** How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

[INTERVIEWER: The next two questions are to be asked of all women. If respondent is male, Skip to Question 24]

22. [Subjective Amenorrhea/Dysmenorrhea] **Has your medication made your menstrual periods stop or be irregular?** [If the participant answers YES, ask the following:] **How much did it bother you? Not at all, a little, moderately, or a lot?**

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

23. [**Subjective Galactorrhea**] Has your medication made your breasts leak milk? [**If the participant answers YES, ask the following:**] How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

[INTERVIEWER: The last two questions are gender specific. Question 24 is for men only, and Question 25 is for women only.]

24. [**males only - Subjective Sexual Difficulties**] During the past week, did your medication make you have any sexual problems? Sometimes people say that medications decrease sex drive; some men may say that they have problems with erections or ejaculation. [**If the participant answers YES, ask the following:**] How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

25. [**females only - Subjective Sexual Difficulties**] During the past week, did your medication make you have any sexual problems? Sometimes people say that medications decrease sex drive; some women say that they have problems getting excited or having an orgasm. [**If the participant answers YES, ask the following:**] How much did it bother you? Not at all, a little, moderately, or a lot?

No–Does not report this side effect as being present	0
Yes–Not bothered at all.....	1
Yes–Bothered a little.....	2
Yes–Bothered moderately.....	3
Yes–Bothered a lot.....	4
NANS.....	8
NASK.....	9

SUBSTANCE USE

Before we move into the next section, I want to remind you that everything you tell me here is confidential. The information you provide will not be shared with anyone unconnected with the study. I want to find out about your use of alcohol and other substances. Please be as open and honest as you feel you can be.

[INTERVIEWER: Note that columns “b” and “c” should be SKIPPED if the respondent has not used this drug in the past 30 days, or if this drug can not be legally prescribed. Also note that column “c” is SKIPPED if the respondent says “No” in column “b.” Refer to the Question-by-Question guide for a list of commonly used drugs that fall into these categories if the respondent asks for definitions.]

In the past 30 days, how many days did you use...	a.) Number of Days of Use in <u>Past 30 Days</u> . [INTERVIEWER: Record number of days of use. Record “00” if drug was not used and SKIP columns "b" and "c"] NANS = "88" NASK = "99"	b.) Was that drug prescribed by a doctor? [INTERVIEWER: If "NO," SKIP column "c"] YES = "1" NO = "2" NANS = "8" NASK = "9"	c.) How many days did you use it for <u>longer</u> or in <u>greater</u> amounts than prescribed? Record the number of days. NANS = "88" NASK = "99"
1. Alcohol ?– please tell me about any use at all. [INTERVIEWER: If zero days, Skip to Question #3]	_ _ _ _		
2. Alcohol ?– by this I mean using alcohol to the point that you felt the effects, for example, you got a buzz, got high, or got drunk	_ _ _ _		

[INTERVIEWER: Scale continues on next page.]

<p><u>In the past 30 days</u>, how many days did you use...</p>	<p>a.) Number of Days of Use in <u>Past 30 Days</u>.</p> <p>[INTERVIEWER: Record number of days of use. Record "00" if drug was not used and SKIP columns "b" and "c"]</p> <p>NANS = "88" NASK = "99"</p>	<p>b.) Was that drug prescribed by a doctor?</p> <p>[INTERVIEWER: If "NO," SKIP column "c"]</p> <p>YES = "1" NO = "2" NANS = "8" NASK = "9"</p>	<p>c.) How many days did you use it for <u>longer</u> or in <u>greater</u> amounts than prescribed? Record the number of days.</p> <p>NANS = "88" NASK = "99"</p>
3. Methadone?	1__1	1__1	1__1
4. Other opiates, or analgesics (morphine, demerol, darvon)?	1__1	<p>1__1</p> <p>Drug Name(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	1__1
5. Barbiturates (downers, reds, yellows, phenobarbital, Seconal/Nembutal)?	1__1	<p>1__1</p> <p>Drug Name(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	1__1
6. Sedatives, Hypnotics, or Tranquilizers (valium, librium, quaaludes, codeine, percodan, thorazine, haldol, stelazine, navane, mellaril, prolixin)?	1__1	<p>1__1</p> <p>Drug Name(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	1__1

[INTERVIEWER: Scale continues on next page.]

<p><u>In the past 30 days</u>, how many days did you use...</p>	<p>a.) Number of Days of Use in <u>Past 30 Days</u>.</p> <p>[INTERVIEWER: Record number of days of use. Record "00" if drug was not used and SKIP columns "b" and "c"]</p> <p>NANS = "88" NASK = "99"</p>	<p>b.) Was that drug prescribed by a doctor?</p> <p>[INTERVIEWER: If "NO," SKIP column "c"]</p> <p>YES = "1" NO = "2" NANS = "8" NASK = "9"</p>	<p>c.) How many days did you use it for <u>longer</u> or in <u>greater</u> amounts than prescribed? Record the number of days.</p> <p>NANS = "88" NASK = "99"</p>
<p>7. Amphetamines (uppers, crank, speed, bennies, meth, crystal)?</p>	<p>1__1__1</p>	<p>1__1</p> <p>Drug Name(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>1__1__1</p>
<p>8. Cannabis or Marijuana (hashish/pot/reefer)?</p> <p>***Ask about prescription use only in California</p>	<p>1__1__1</p>	<p>1__1</p>	<p>1__1__1</p>
<p>9. Cocaine or Crack?</p>	<p>1__1__1</p>		
<p>10. Heroin?</p>	<p>1__1__1</p>		
<p>11. Hallucinogens (LSD/acid/Mescaline/peyote/mushrooms/psilocybin/PCP)?</p>	<p>1__1__1</p>		

[INTERVIEWER: Scale continues on next page.]

<p>In the past 30 days, how many days did you use...</p>	<p>a.) Number of Days of Use in <u>Past 30 Days</u>.</p> <p>[INTERVIEWER: Record number of days of use. Record "00" if drug was not used and SKIP columns "b" and "c"]</p> <p>NANS = "88" NASK = "99"</p>	<p>b.) Was that drug prescribed by a doctor?</p> <p>[INTERVIEWER: If "NO," SKIP column "c"]</p> <p>YES = "1" NO = "2" NANS = "8" NASK = "9"</p>	<p>c.) How many days did you use it for <u>longer</u> or in <u>greater</u> amounts than prescribed? Record the number of days.</p> <p>NANS = "88" NASK = "99"</p>
<p>12. Inhalants (nitrous oxide/amyl nitrate/poppers)?</p> <p>[INTERVIEWER: If none of the drugs above have been used, SKIP to Question #14]</p>	<p>1__1__1</p>		
<p>13. More than one substance per day (including alcohol)?</p>	<p>1__1__1</p>		

[INTERVIEWER: Enter the money spent if relevant. Round up to the nearest dollar.]

14.a In the past 30 days, how much money did you spend on alcohol? _____

b. In the past 30 days, how much money did you spend on non-prescribed drugs? _____

15. In the past 30 days, how many days did you experience alcohol problems, including cravings for alcohol, adverse effects from alcohol, withdrawal symptoms from alcohol, or the desire but inability to stop drinking? _____

16. In the past 30 days, how many days did you experience drug problems, including cravings for drugs, adverse effects from drugs, withdrawal symptoms from drugs, or the desire but inability to stop taking drugs? _____

[INTERVIEWER: If Question 15 and Question 16 are both answered "00 days", then SKIP to the Empowerment Section on page 61]

17. Now I'm going to ask you some questions about how bothered you have been about your drug and alcohol problems and the importance of seeking treatment for these problems.

† [Hand respondent scale card #14]

	Not at all	Slightly	Moderately	Considerably	Extre mely	NANS	NASK
a. <u>In the past 30 days</u> , how troubled or bothered were you by alcohol problems?	0	1	2	3	4	8	9
b. <u>In the past 30 days</u> , how troubled or bothered were you by drug problems?	0	1	2	3	4	8	9
c. How important to you is receiving treatment for alcohol problems? [Rate specific need for substance use treatment, not general therapy]	0	1	2	3	4	8	9
d. How important to you is receiving treatment for drug problems? [Rate specific need for substance use treatment, not general therapy]	0	1	2	3	4	8	9

EMPOWERMENT

Making Decisions

Now I'd like to read several statements relating to one's perspective on life and with having to make decisions. For each of the following statements, please indicate whether you strongly agree (1), agree (2), disagree (3), or strongly disagree (4). Indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any one question. Please be honest with yourself so

that your answers reflect your true feelings.

+

[Hand respondent scale card # 15]

	Strongly Agree	Agree	Disagree	Strongly Disagree	NANS	NASK
1. I can pretty much determine what will happen in my life.	1	2	3	4	8	9
2. People are only limited by what they think is possible.	1	2	3	4	8	9
3. People have more power if they join together as a group.	1	2	3	4	8	9
4. Getting angry about something never helps.	1	2	3	4	8	9
5. I have a positive attitude toward myself.	1	2	3	4	8	9
6. I am usually confident about the decisions I make.	1	2	3	4	8	9
7. People have no right to get angry just because they don't like something.	1	2	3	4	8	9
8. Most of the misfortunes in my life were due to bad luck.	1	2	3	4	8	9
9. I see myself as a capable person.	1	2	3	4	8	9
10. Making waves never gets you anywhere.	1	2	3	4	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Agree	Agree	Disagree	Strongly Disagree	NANS	NASK
11. People working together can have an effect on their community.	1	2	3	4	8	9
12. I am often able to overcome barriers.	1	2	3	4	8	9
13. I am generally optimistic about the future.	1	2	3	4	8	9
14. When I make plans, I am almost certain to make them work.	1	2	3	4	8	9
15. Getting angry about something is often the first step toward changing it.	1	2	3	4	8	9
16. Usually I feel alone.	1	2	3	4	8	9
17. Experts are in the best position to decide what people should do or learn.	1	2	3	4	8	9
18. I am able to do things as well as most other people.	1	2	3	4	8	9
19. I generally accomplish what I set out to do.	1	2	3	4	8	9
20. People should try to live their lives the way they want to.	1	2	3	4	8	9
21. You can't fight city hall.	1	2	3	4	8	9
22. I feel powerless most of the time.	1	2	3	4	8	9
23. When I am unsure about something, I usually go along with the rest of the group.	1	2	3	4	8	9
24. I feel I am a person of worth, at least on an equal basis	1	2	3	4	8	9

with others.						
--------------	--	--	--	--	--	--

[INTERVIEWER: Scale continues on next page.]

	Strongly Agree	Agree	Disagree	Strongly Disagree	NANS	NASK
25. People have the right to make their own decisions, even if they are bad ones.	1	2	3	4	8	9
26. I feel I have a number of good qualities.	1	2	3	4	8	9
27. Very often a problem can be solved by taking action.	1	2	3	4	8	9
28. Working with others in my community can help to change things for the better.	1	2	3	4	8	9

Personal Empowerment

Now I'd like to ask you some questions about how much choice you have in your personal life. For each question, please tell me if you feel you have a lot of choice, some choice, not too much choice or no choice.

† [Hand respondent scale card #16]

	No Choice	Not Too Much Choice	Some Choice	A Lot of Choice	NANS	NASK
1. How much choice do you have about how you will spend your free time?	1	2	3	4	8	9
2. How much choice do you have about how to spend any money you might have?	1	2	3	4	8	9
3. How much choice do you have about when you can watch TV or listen to the radio?	1	2	3	4	8	9
4. How much choice do you have about where to go to get help when you have problems?	1	2	3	4	8	9
5. How much choice do you have about which town or city you will live in?	1	2	3	4	8	9
6. How much choice do you have about what type of situation you will live in -- for example, your own apartment, a group home, a hotel or another type of living situation?	1	2	3	4	8	9

[INTERVIEWER: Scale continues on next page.]

	No Choice	Not Too Much Choice	Some Choice	A Lot of Choice	NANS	NASK
7. How much choice do you have over whether you can invite guests to the place you stay whenever you want?	1	2	3	4	8	9
8. How much choice do you have in deciding when to go to get help for your problems?	1	2	3	4	8	9
9. How much choice do you have on whether you can store any possessions you want in the place you stay?	1	2	3	4	8	9
10. How much choice do you have in deciding who stays in your living space at night?	1	2	3	4	8	9

Reduction in Chance

Now I'm going to ask you some questions about how likely it is that some of your basic needs are going to be met. **+ [Hand respondent scale card # 17].**

	100%	75%	50%	25%	0%	NANS	NASK
11. How sure are you about how much money you're going to have to live on <u>for the next month</u> ? Are you 100% sure, 75% sure, 50% sure, 25% sure, or 0% sure?	5	4	3	2	1	8	9
12. How sure are you about how you're going to spend your time <u>for the next month</u> ? Are you 100% sure, 75% sure, 50% sure, 25% sure, or 0% sure?	5	4	3	2	1	8	9

Please answer these questions with one of the following choices: Very likely (1), Likely (2),

Equally Likely/Unlikely (3), Unlikely (4), Very Unlikely (5), NANS (8), NASK (9). **+**

[Hand respondent scale card # 18].

	Very Likely	Likely	Equally Likely/Unlikely	Unlikely	Very Unlikely	NANS	NASK
13. How likely is it that you will have enough money to spend next month for fun and recreation?	1	2	3	4	5	8	9
14. How likely is it that you will have enough money to spend next month for necessities like food, shelter, and clothing?	1	2	3	4	5	8	9
15. How likely is it that you will get enough to eat in the next month?	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Very Likely	Likely	Equally Likely/ Unlikely	Unlikely	Very Unlikely	N A N S	N A S K
16. How likely is it that you will have a place to stay for all of next month?	1	2	3	4	5	8	9
17. How likely is it that wherever you will be staying for the next month will be safe?	1	2	3	4	5	8	9
18. How likely is it that you will be ripped off in the next month?	1	2	3	4	5	8	9
19. How likely is it that you will be physically threatened in the next month?	1	2	3	4	5	8	9
20. Generally, how likely is it that the people who are your friends today will still be your friends next month?	1	2	3	4	5	8	9

Organizationally Mediated Empowerment

I'm going to read a list of things you might have done at some group, agency or organization in the past four months. Think of all such agencies or organizations that you are involved with such as self-help, mental health, social services, work, school, or religious institutions.

1a. In the past four months have you joined or kept membership in an organization or club?

Yes 1

No 2 [**Skip to Question 2**]

NANS 8 [**Skip to Question 2**]

NASK 9 [**Skip to Question 2**]

1b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

2a. In the past four months have you voted in an election for officers of an organization or club?

Yes 1

No 2 [**Skip to Question 3**]

NANS 8 [**Skip to Question 3**]

NASK 9 [**Skip to Question 3**]

2b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

3a. In the past four months have you served on the Board of Directors of an organization or club?

Yes 1

No 2 [**Skip to Question 4**]

NANS 8 [**Skip to Question 4**]

NASK 9 [**Skip to Question 4**]

3b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

4a. In the past four months have you helped set up a meeting?

Yes 1

No 2 [**Skip to Question 5**]

NANS 8 [**Skip to Question 5**]

NASK 9 [**Skip to Question 5**]

4b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

5a. In the past four months have you been responsible for preparing meals or bringing refreshments to clients or members?

Yes 1

No 2 [**Skip to Question 6**]

NANS 8 [**Skip to Question 6**]

NASK 9 [**Skip to Question 6**]

5b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

6a. In the past four months have you become a volunteer on a regular basis?

Yes 1

No 2 [**Skip to Question 7**]

NANS 8 [**Skip to Question 7**]

NASK 9 [**Skip to Question 7**]

6b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

7a. In the past four months have you become a paid staff member?

Yes 1

No 2 [**Skip to Question 8**]

NANS 8 [**Skip to Question 8**]

NASK 9 [**Skip to Question 8**]

7b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

8a. In the past four months have you led or helped lead a discussion group?

Yes 1

No 2 [**Skip to Question 9**]

NANS 8 [**Skip to Question 9**]

NASK 9 [**Skip to Question 9**]

8b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

9a. In the past four months have you taken part in deciding what activities will be held?

Yes 1

No 2 [**Skip to Question 10**]

NANS 8 [**Skip to Question 10**]

NASK 9 [**Skip to Question 10**]

9b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

10a. In the past four months have you taken part in deciding whether to add a new program or service?

Yes 1

No 2 [**Skip to Question 11**]

NANS 8 [**Skip to Question 11**]

NASK 9 [**Skip to Question 11**]

10b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

11a. In the past four months have you taken part in deciding whether to hire someone?

Yes 1

No 2 [**Skip to Question 12**]

NANS 8 [**Skip to Question 12**]

NASK 9 [**Skip to Question 12**]

11b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

12a. In the past four months have you taken part in deciding the salary for a staff member?

Yes 1

No 2 [**Skip to Question 13**]

NANS 8 [**Skip to Question 13**]

NASK 9 [**Skip to Question 13**]

12b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify_____)	1	2		8	9

13a. In the past four months have you taken part in deciding how much money should be spent on a service or program?

Yes 1

No 2 [**Skip to Question 14**]

NANS 8 [**Skip to Question 14**]

NASK 9 [**Skip to Question 14**]

13b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

14a. In the past four months have you taken part in deciding how often a group of people will meet?

Yes 1

No 2 [**Skip to Question 15**]

NANS 8 [**Skip to Question 15**]

NASK 9 [**Skip to Question 15**]

14b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

15a. In the past four months have you taken part in deciding what rules people need to follow?

Yes 1

No 2 [**Skip to Question 16**]

NANS 8 [**Skip to Question 16**]

NASK 9 [**Skip to Question 16**]

15b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

16a. In the past four months have you take part in deciding what to do if someone breaks the rules?

Yes 1

No 2 [**Skip to Question 17**]

NANS 8 [**Skip to Question 17**]

NASK 9 [**Skip to Question 17**]

16b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

17a. In the past four months have you suggested to the administration at some agency what you think might be changed or improved there?

Yes 1

No 2 [**Skip to next section**]

NANS 8 [**Skip to next section**]

NASK 9 [**Skip to next section**]

17b. Was this related to:	Yes	No	At what organization or group?	NANS	NASK
Self Help?	1	2		8	9
Mental Health?	1	2		8	9
Social Service?	1	2		8	9
Work (non self-help)?	1	2		8	9
School?	1	2		8	9
Church?	1	2		8	9
Other? (Specify _____)	1	2		8	9

SERVICE UTILIZATION

Now I'm going to ask you about all the times you have been to emergency rooms or hospitals in the past four months. We will also talk about medical services you might have received. I would like to use this timeline to help us keep all of the information straight. **[INTERVIEWER: Show respondent the Timeline completed at the beginning of the interview.]**

I'm going to start by asking you about times you may have gone to an emergency room for only psychiatric reasons, for only physical reasons, or for reasons that were both psychiatric and physical. First, I'll ask you about times you may have gone to an emergency room for psychiatric reasons.

1. In the past four months have you been to a hospital emergency room for only a psychiatric reason?

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

[If NO, NANS, or NASK, skip the number of visits, the number of voluntary admissions and transportation questions]

IF YES: How many visits? _____ How many of those were involuntary? _____

IF YES: How did you get to the emergency room? **[Circle all that apply]**

† **[Hand respondent scale card # 19]**

How did you get to the emergency room?	Yes	No	NANS	NASK
Ambulance?	1	2	8	9
Police?	1	2	8	9
Took self?	1	2	8	9
Friend or family?	1	2	8	9
Mental Health Agency or COSP? [IF YES] Name of Mental Health Agency or COSP: _____	1	2	8	9
		[SKIP to Question 2]	[SKIP to Question 2]	[SKIP to Question 2]
If Mental Health Agency or COSP, did a staff person accompany you?	1	2	8	9

2. In the past four months have you been to a hospital emergency room for only a physical health reason?

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

[If NO, NANS, or NASK, skip the number of visits, the number of voluntary admissions and transportation questions]

IF YES: How many visits? ____

IF YES: How did you get to the emergency room **[Circle all that apply]**?

+ **[Refer to scale card # 19]**

How did you get to the emergency room?	Yes	No	NANS	NASK
Ambulance?	1	2	8	9
Police?	1	2	8	9
Took self?	1	2	8	9
Friend or family?	1	2	8	9
Mental Health Agency or COSP? [IF YES] Name of Mental Health Agency or COSP: _____	1	2	8	9
		[SKIP to Question 3]	[SKIP to Question 3]	[SKIP to Question 3]
If Mental Health Agency or COSP, did a staff person accompany you?	1	2	8	9

3. In the past four months have you been to a hospital emergency room for both psychiatric and physical health reasons?

[INTERVIEWER: verify that this visit(s) is in addition to those already reported]

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

[If NO, NANS, or NASK, skip the number of visits, the number of voluntary admissions and transportation questions]

IF YES: How many visits? _____ How many of those were involuntary? _____

IF YES: How did you get to the emergency room **[Circle all that apply?]**

+ **[Refer to scale card # 19]**

How did you get to the emergency room?	Yes	No	NANS	NASK
Ambulance?	1	2	8	9
Police?	1	2	8	9
Took self?	1	2	8	9
Friend or family?	1	2	8	9
Mental Health Agency or COSP?	1	2	8	9
[IF YES] Name of Mental Health Agency or COSP: _____		[SKIP to Question 4]	[SKIP to Question 4]	[SKIP to Question 4]
If Mental Health Agency or COSP, did a staff person accompany you?	1	2	8	9

Now I'm going to ask you about times you may have been hospitalized for only psychiatric reasons, for only physical reasons, or for reasons that were both psychiatric and physical. First, I'll ask you about times you may have been hospitalized for psychiatric problems in the past four months.

4. In the past four months have you been hospitalized for only a psychiatric reason?

Yes 1

No 2 **[Skip to Question 5]**

NANS 8 **[Skip to Question 5]**

NASK 9 **[Skip to Question 5]**

IF YES: How many times? _____

a. Beginning with the most recent hospitalization:

Was it involuntary?

Yes 1

No 2

NANS 8

NASK 9

How many days were you hospitalized? _____

b. Second most recent hospitalization:

Was it involuntary?

Yes 1
 No 2
 NANS 8
 NASK 9

How many days were you hospitalized? _____

c. Third most recent hospitalization:

Was it involuntary?

Yes 1
 No 2
 NANS 8
 NASK 9

How many days were you hospitalized? _____

[INTERVIEWER: If more than three hospitalizations, ask about each additional hospitalization and record.]

5. In the past four months have you been hospitalized for only a physical health reason?

Yes 1

No 2 **[Skip to Question 6]**

NANS 8 **[Skip to Question 6]**

NASK 9 **[Skip to Question 6]**

IF YES: How many times? _____

a. Beginning with the most recent hospitalization:

How many days were you hospitalized? _____

b. Second most recent hospitalization:

How many days were you hospitalized? _____

c. Third most recent hospitalization:

How many days were you hospitalized? _____

[INTERVIEWER: If more than three hospitalizations, ask about each additional hospitalization and record.]

6. In the past four months have you been hospitalized for both a psychiatric and a physical health reason?

[INTERVIEWER: Verify that this hospitalization(s) is in addition to those already reported]

Yes 1

No 2 **[Skip to Question 7]**

NANS 8 **[Skip to Question 7]**

NASK 9 **[Skip to Question 7]**

IF YES: How many times? _____

a. Beginning with the most recent hospitalization:

Was it involuntary?

Yes 1

No 2

NANS 8

NASK 9

How many days were you hospitalized? _____

b. Second most recent hospitalization:

Was it involuntary?

- Yes 1
- No 2
- NANS 8
- NASK 9

How many days were you hospitalized? _____

c. Third most recent hospitalization:

Was it involuntary?

- Yes 1
- No 2
- NANS 8
- NASK 9

How many days were you hospitalized? _____

[INTERVIEWER: If more than three hospitalizations, ask about each additional hospitalization and record.]

7. **In the past four months** have you used an emergency mental health service for psychiatric reasons -- like a crisis team or have emergency services come to you?

- Yes..... 1
- No..... 2 **[If NO, NANS, or NASK, skip the**
- NANS..... 8 **number of visits and**
- NASK..... 9 **the number of involuntary admissions]**

IF YES: How many times? _____ How many were involuntary? _____

8. **In the past four months** have you seen a psychiatrist for an assessment, medication evaluation, or treatment?

- Yes..... 1
- No..... 2 **[If NO, NANS, or NASK, skip the**
- NANS..... 8 **number of visits]**
- NASK..... 9

IF YES: How many times? _____

9. **In the past four months** have you received individual therapy?

- Yes..... 1
- No..... 2 **[If NO, NANS, or NASK, skip the**
- NANS..... 8 **number of visits]**
- NASK..... 9

IF YES: How many times? _____

10. In the past four months have you received group therapy?

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

**[If NO, NANS, or NASK, skip the
number of times]**

IF YES: How many times?_____

Next, I would like to ask you several questions about services you may have received for substance use in the past four months. These questions refer to services other than ones you have already described.

11. In the past four months were you hospitalized for only substance use problems?

[INTERVIEWER: Verify that this hospitalization(s) is in addition to those already reported]

Yes 1
 No 2 **[Skip to Question 12]**
 NANS 8 **[Skip to Question 12]**
 NASK 9 **[Skip to Question 12]**

IF YES: How many times? _____

a. Beginning with the most recent hospitalization:

Was it involuntary?

Yes 1
 No 2
 NANS 8
 NASK 9

How many days were you hospitalized? _____

b. Second most recent hospitalization:

Was it involuntary?

Yes 1
 No 2
 NANS 8
 NASK 9

How many days were you hospitalized? _____

c. Third most recent hospitalization:

Was it involuntary?

Yes 1
 No 2
 NANS 8
 NASK 9

How many days were you hospitalized? _____

[INTERVIEWER: If more than three hospitalizations, ask about each additional hospitalization and record.]

12. **In the past four months were you treated in a detox facility?**

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

**[If NO, NANS, or NASK, skip the
number of days]****IF YES:** How many days? _____13. **In the past four months have you been to a hospital emergency room for substance use?****[INTERVIEWER: Verify that this visit(s) is in addition to those already reported]**

Yes..... 1

No..... 2

NANS..... 8

NASK..... 9

**[If NO, NANS, or NASK, skip the
number of visits, number of voluntary
admissions, and transportation questions]****IF YES:** How many visits? _____ How many were involuntary? _____**IF YES:** How do you get to the emergency room (**Check all that apply**)?† **[Refer to scale card # 19]**

How did you get to the emergency room?	Yes	No	NANS	NASK
Ambulance?	1	2	8	9
Police?	1	2	8	9
Took self?	1	2	8	9
Friend or family?	1	2	8	9
Mental Health Agency or COSP? [IF YES] Name of Mental Health Agency or COSP: _____	1	2 [SKIP to Question 14]	8 [SKIP to Question 14]	9 [SKIP to Question 14]
If Mental Health Agency or COSP, did a staff person accompany you?	1	2	8	9

14. In the past four months have you used an emergency mental health service for substance use -- like a crisis team or have emergency services come to you?

[INTERVIEWER: Verify that this service(s) is in addition to those already reported]

- Yes..... 1
- No..... 2 **[If NO, NANS, or NASK, skip the**
- NANS..... 8 **number of visits and**
- NASK..... 9 **the number of voluntary admissions]**

IF YES: How many times? _____ How many were involuntary? _____

Next, I would like to ask you several questions about services you may have received for physical health care in the past four months. These questions refer to services other than ones you have already described.

15. In the past four months have you seen a doctor for a physical health reason?

- Yes 1
- No 2 **[Skip number of times]**
- NANS 8 **[Skip number of times]**
- NASK 9 **[Skip number of times]**

IF YES: How many times? _____

16. In the past four months, besides visits to the doctor, have you seen other health care professionals, such as a nurse or physician assistant, for a physical health reason?

Yes 1

No 2 [**Skip number of times**]

NANS 8 [**Skip number of times**]

NASK 9 [**Skip number of times**]

IF YES: How many times? _____

17. In the past four months, did you go to or participate in activities supported by a consumer-operated services program (COSP)?

Yes 1

No 2 [**Skip number of times**]

NANS 8 [**Skip number of times**]

NASK 9 [**Skip number of times**]

IF YES: How many times did you go? _____

Each time, about how long did you stay? _____(hours) or _____(days).

The next set of questions is about contact with the criminal justice system in the past four months.

18. Were you arrested in the past four months?

Yes 1

No 2 [**Skip number of times**]

NANS 8 [**Skip number of times**]

NASK 9 [**Skip number of times**]

IF YES: How many times? _____

19. Did you spend any days in jail or prison in the past four months?

Yes 1

No 2 [**Skip number of days**]

NANS 8 [**Skip number of days**]

NASK 9 [**Skip number of days**]

IF YES: How many days? _____

20. In the past four months did you meet with someone from the court system, such as a probation or parole officer?

Yes 1

No 2 [**Skip number of times**]

NANS 8 [**Skip number of times**]

NASK 9 [**Skip number of times**]

IF YES: How many times? _____

[INTERVIEWER: If a break has not been taken at this point, offer the respondent the chance to take a short break.]

PROGRAM ACTIVITIES

[INTERVIEWER: At sites that choose the card format, this card lists consumer operated service programs and traditional service programs and indicates which are consumer programs. Other sites will choose to have the participant simply name the programs, possibly because traditional or other service programs are too numerous to be listed on the card. Sites will work with the coordinating center to code programs in a manner such as a) consumer-operated, b) traditional, c) consumer and traditional, or d) other.]

Example of Program Card to be developed by each site:

At this time, the sites that have chosen to have the participant name the program attended should develop a list of codes for the programs and include the codes in the data submitted to the Coordinating Center. Each site must submit a list of the site-specific coding scheme to the Coordinating Center, and will work with the CC to develop a data map to allow multisite analysis of this data.

This card lists consumer operated service programs and traditional service programs. If traditional service programs are too numerous, item "6" can simply be "traditional services."

1. _____
2. _____
3. _____
4. _____
5. _____
6. other--please specify: _____

Now I am going to ask some questions about assistance, training, or other help you may have received in the past four months from different programs in your community.

1. Because of your participation in any program, have you received peer or mutual support in the past four months? Peer or mutual Support involves people providing support for each other based on shared experiences.

Yes1

No.....2 [**Skip to Question 2**]

NANS.....8 [**Skip to Question 2**]

NASK.....9 [**Skip to Question 2**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive peer support?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

2. Because of your participation in any program, have you participated in any community or social activities in the past four months?
[Something you do with other people such as, attend a musical concert, baseball game, birthday party, go out-to dinner, or simply have a place to hang out.]

Yes1

No.....2 [**Skip to Question 3**]

NANS.....8 [**Skip to Question 3**]

NASK.....9 [**Skip to Question 3**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>At which program did you participate in community or social activities?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

3. Because of your participation in any program, have you been involved in some sort of schooling in the past four months? [Such as preparing for a GED, or enrolling in college.]

Yes1

No.....2 [**Skip to Question 4**]

NANS.....8 [**Skip to Question 4**]

NASK.....9 [**Skip to Question 4**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive schooling?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

4. Because of your participation in any program, have you received any kind of advocacy training in the past four months? [Examples of advocacy training are learning about your rights as a consumer of mental health services, or being taught skills that would help you to advocate for individual and systems change in the mental health and addiction service system.]

Yes1

No.....2 [**Skip to Question 5**]

NANS.....8 [**Skip to Question 5**]

NASK.....9 [**Skip to Question 5**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive advocacy training?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

5. Because of your participation in any program, have you received education on other mental health issues in the past four months? [Such as what kinds of services are available or how treatment is supposed to help you.]

Yes1

No.....2 [**Skip to Question 6**]

NANS.....8 [**Skip to Question 6**]

NASK.....9 [**Skip to Question 6**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive education on other mental health issues?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

6. Because of your participation in any program, have you been able to work either by volunteering or becoming a paid employee in the past four months? [Some activities a program might provide to help you to get a job are helping you to contact employers or agencies, assisting you to prepare a resume or a job application. Other examples would be serving on a board, assisting with group meetings, or volunteering as a staff member at the program.]

Yes1

No.....2 [**Skip to Question 7**]

NANS.....8 [**Skip to Question 7**]

NASK.....9 [**Skip to Question 7**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>At which program did you receive assistance with becoming a volunteer or a paid employee?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

7. Because of your participation in any program, have you received assistance with housing in the past four months? [Such as, help finding housing or shelter, help furnishing housing, or help with a security deposit.]

Yes1

No.....2 [**Skip to Question 8**]

NANS.....8 [**Skip to Question 8**]

NASK.....9 [**Skip to Question 8**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive housing assistance?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

8. Because of your participation in any program, have you received assistance with basic needs in the past four months? [Such as, having access to toilet paper, toothbrush, clothes, food, or money.]

Yes1

No.....2 [**Skip to Question 9**]

NANS.....8 [**Skip to Question 9**]

NASK.....9 [**Skip to Question 9**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive assistance with basic needs?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

9. Because of your participation in any program, have you received any assistance in accessing entitlements? [Such as, help filling out Social Security Benefit papers, help filling out Medicaid (_____ site-specific) papers, or a ride to Medicaid in the past four months (_____ site-specific) office so you could fill out paperwork.]

Yes1

No.....2 [**Skip to Question 10**]

NANS.....8 [**Skip to Question 10**]

NASK.....9 [**Skip to Question 10**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive assistance accessing entitlements?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months</u>?</p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

10. Because of your participation in any program, have you received legal assistance in the past four months? [Such as, help in obtaining child support payments owed to you, help establishing divorce proceedings, help with a criminal charge you may have.]

Yes1

No.....2 [**Skip to Question 11**]

NANS.....8 [**Skip to Question 11**]

NASK.....9 [**Skip to Question 11**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive legal assistance?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

11. Because of your participation in any program, have you received access to a patient or consumer advocate in the past four months? [That is someone who would help make sure your rights as a consumer of mental health are protected.]

Yes1

No.....2 [**Skip to Question 12**]

NANS.....8 [**Skip to Question 12**]

NASK.....9 [**Skip to Question 12**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive access to a patient or consumer advocate?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

12. Because of any program, have you received case management services in the past four months? [A case manager is someone who helps you to identify your needs, and helps you to obtain the services you need. Other services may include getting a representative payee, assistance with entitlements, medication management, or help with budgeting and money management.]

Yes1

No.....2 [**Skip to Question 13**]

NANS.....8 [**Skip to Question 13**]

NASK.....9 [**Skip to Question 13**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive case management services?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

13. Have you received any type of outreach services in the past four months? [Such as, someone coming to you to provide information about the availability of mental health services, or transportation to an appointment.]

Yes1

No.....2 [**Skip to Question 14**]

NANS.....8 [**Skip to Question 14**]

NASK.....9 [**Skip to Question 14**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive outreach services?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-One hour or more but less than 2 hours 3-Two hours or more but less than 4 hours 4-Four hours or more but less than 6 hours 5-Six hours or more but less than 8 hours 6-Eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

14. Because of your participation in any program, have you benefited from any type of communication about mental health topics in the past four months? [Such as, receiving newsletters, access to the Internet, telephone access.]

Yes1

No.....2 [**Skip to Question 15**]

NANS.....8 [**Skip to Question 15**]

NASK.....9 [**Skip to Question 15**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>From which program did you receive communications about mental health topics?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

15. Because of your participation in any program, have you attended a drop-in center or social club in the past four months? [That is place where individuals may come and go as they please, and participate in a variety of activities such as recreation, education, socialization.]

Yes1

No.....2 [**Skip to Question 16**]

NANS.....8 [**Skip to Question 16**]

NASK.....9 [**Skip to Question 16**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>Which drop-in center or social club did you attend?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

16. Have you participated in any self-help or mutual-help program for individuals with a psychiatric disability in the past four months? [Such as, Recovery Inc., Schizophrenia Anonymous, or Depressive and Manic Depressive Association.]

Yes1

No.....2 [**Skip to Question 17**]

NANS.....8 [**Skip to Question 17**]

NASK.....9 [**Skip to Question 17**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>Which self-help or mutual help program did you attend?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008</p> <p>NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-one hour or more but less than 2 hours 3-two hours or more but less than 4 hours 4-four hours or more but less than 6 hours 5-six hours or more but less than 8 hours 6-eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

17. Have you attended any other 12-step programs in the past four months? [Such as Alcoholics Anonymous, Narcotics Anonymous, Overeaters Anonymous or Gamblers Anonymous.]

Yes1

No.....2 [**Skip to Social Inclusion, p. 136**]

NANS.....8 [**Skip to Social Inclusion, p. 136**]

NASK.....9 [**Skip to Social Inclusion, p. 136**]

IF YES:

<p>[INTERVIEWER: list program name.]</p> <p>Which other 12-step program did you attend?</p>	<p>[EDITOR list program code]</p>	<p>Are you currently attending this program?</p>	<p>When were you last there?</p> <p>NANS 01/01/1008 NASK 01/01/1009</p>	<p>† [Hand respondent card # 20]</p> <p>How frequently have you participated in this program <u>in the past 4 months?</u></p> <p>1-once 2-more than once, but not monthly 3-at least once per month 4-more than once per month, but not weekly 5-at least once per week 6-more than once per week 7-daily 8-NANS 9-NASK</p>	<p>† [Hand respondent card # 21]</p> <p>How long do you usually participate in this activity?</p> <p>1-less than one hour 2-One hour or more but less than 2 hours 3-Two hours or more but less than 4 hours 4-Four hours or more but less than 6 hours 5-Six hours or more but less than 8 hours 6-Eight hours or more but less than 12 hours 7- more than 12 hours 8-NANS 9-NASK</p>
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9
		1-Yes 2-No 8-NANS 9-NASK	MM/DD/YYYY	1---2---3---4---5---6---7---8---9	1---2---3---4---5---6---7---8---9

SOCIAL INCLUSION

Quality of Life (excerpts)

Now I'd like to know about other people in your life, that is, people who are not in your family.

† [Hand respondent scale card #22]

1. About how often do you do the following? Would you say, at least once a day, once a week, once a month, less than once a month or not at all?

	At Least Once a Day	At Least Once a Week	At Least Once a Month	Less than Once a Month	Not at All	NANS	NASK
a. Do things with a close friend?	5	4	3	2	1	8	9
b. Visit with someone who does not live with you?	5	4	3	2	1	8	9
c. Telephone someone who does not live with you?	5	4	3	2	1	8	9
d. Write a letter to someone?	5	4	3	2	1	8	9
e. Do something with another person that you planned ahead of time?	5	4	3	2	1	8	9
f. Spend time with someone you consider more than a friend? (like a spouse, boyfriend or girlfriend)	5	4	3	2	1	8	9

2. Please answer the following questions about how you feel with one of the following choices: terrible (1), unhappy (2), mostly dissatisfied (3), mixed (4), mostly satisfied (5), pleased (6), or delighted (7).

† [Hand respondent scale card #23]

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	N A N S	N A S K
a. How do you feel about the things you do with other people?	1	2	3	4	5	6	7	8	9
b. How do you feel about the amount of time you spend with other people?	1	2	3	4	5	6	7	8	9
c. How do you feel about the people you see socially?	1	2	3	4	5	6	7	8	9
d. How do you feel about how you get along with other people in general?	1	2	3	4	5	6	7	8	9
e. How do you feel about the chance you have to know people with whom you can really feel comfortable?	1	2	3	4	5	6	7	8	9

SOCIAL ACCEPTANCE

Well-Being Project

† [Hand respondent scale card # 24]

	Most of the Time	Sometimes	Seldom or Rarely	Never	No Opinion	NANS	NASK
1. How often do people treat you differently when they know you have a mental health diagnosis or have received mental health services?	1	2	3	4	5	8	9

As an individual who has received mental health services, do you think others . . .

† [Hand respondent scale card #25]

	All of the Time	Most of the Time	Sometimes	Seldom	Never	No Opinion	NANS	NASK
2. ...feel or treat you like you are violent or dangerous?	1	2	3	4	5	6	8	9
3.... feel you are a child or treat you like a child?	1	2	3	4	5	6	8	9
4....feel or treat you like you are unpredictable?	1	2	3	4	5	6	8	9
5.....think that you do not know what is in your own best interests?	1	2	3	4	5	6	8	9
6....think or treat you like you are incapable of caring for children?	1	2	3	4	5	6	8	9
7....think or treat you like you are incapable of holding a job?	1	2	3	4	5	6	8	9
8....feel or treat you like you are incapable of having a satisfying relationship with another man or woman?	1	2	3	4	5	6	8	9

DISCRIMINATION

Schedule of Racist Events (adaptation)

Now I'm going to ask you some questions regarding discrimination that you may or may not have experienced.

1. Do you believe that you have been discriminated against, in the past four months, for instance, because of your mental disability, race, gender, sexual orientation, economic circumstance or some other reason?

Yes1

No.....2 **[If No, NANS, or NASK,**

NANS.....8 **Skip to Quality of Life**

NASK.....9 **Section on page 143]**

+ **[Hand respondent card #26]**

2. Do you believe that you have been discriminated against in the past four months due to your:

[Please indicate all that apply]

	Yes	No	NANS	NASK
Mental disability/ability?	1	2	8	9
Race?	1	2	8	9
Gender?	1	2	8	9
Sexual orientation?	1	2	8	9
Religion?	1	2	8	9
Country of origin or ethnicity?	1	2	8	9
Age?	1	2	8	9
Economic circumstance?	1	2	8	9
Physical disability?	1	2	8	9
Arrests with jail time?	1	2	8	9
Prison time?	1	2	8	9
Homeless status?	1	2	8	9
Other? (please specify) _____	1	2	8	9

+ [Hand respondent card #27]

[Hand respondent card #27a]

IF YES:

3. Did this discrimination occur in relationship to:	YES	NO	How stressful was this for you? 1-Not at all; 2-A little; 3-Moderately 4-Significantly/Quite a bit; 5-Very/Extremely	NANS	NASK
Employment?	1	2	1---2---3---4---5	8	9
Education?	1	2	1---2---3---4---5	8	9
Housing?	1	2	1---2---3---4---5	8	9
Law Enforcement?	1	2	1---2---3---4---5	8	9
Public Accommodation (such as a hotel or restaurant)?	1	2	1---2---3---4---5	8	9
Consumer Operated Services (COS)?	1	2	1---2---3---4---5	8	9
Traditional Mental Health Services (TMHS)?	1	2	1---2---3---4---5	8	9
Other Agencies?	1	2	1---2---3---4---5	8	9
Other? (specify) _____	1	2	1---2---3---4---5	8	9

QUALITY OF LIFE

Please answer the following six questions about how you feel with one of the following choices: terrible (1), unhappy (2), mostly dissatisfied (3), mixed (4), mostly satisfied (5), pleased (6), or delighted (7).

† [Hand respondent scale card #28]

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	N A N S	N A S K
1. How do you feel about your life in general?	1	2	3	4	5	6	7	8	9
2. How do you feel about the amount of fun you have?	1	2	3	4	5	6	7	8	9
3. How do you feel about the way things are between you and your family?	1	2	3	4	5	6	7	8	9
4. Overall, how do you feel about the amount of friendship in your life?	1	2	3	4	5	6	7	8	9
5. How do you feel about the amount of privacy where you live? [If homeless or in jail, the place where you typically sleep at night?]	1	2	3	4	5	6	7	8	9
6. How do you feel about your job or job status?	1	2	3	4	5	6	7	8	9

SYMPTOMS

Hopkins Symptom Checklist

I will now read a list of problems and complaints that people sometimes have. Please tell me how much each problem has bothered or distressed you during the past week, including today. †

[Hand respondent scale card #29]

How bothered or distressed have you been during <u>the past week</u> by	Not at All	A Little	Quite a Bit	Extremely	NANS	NASK
1. Being scared for no reason?	1	2	3	4	8	9
2. Feeling fearful?	1	2	3	4	8	9
3. Faintness?	1	2	3	4	8	9
4. Nervousness?	1	2	3	4	8	9
5. Heart racing?	1	2	3	4	8	9
6. Trembling?	1	2	3	4	8	9
7. Feeling tense?	1	2	3	4	8	9
8. Headache?	1	2	3	4	8	9
9. Feeling panic?	1	2	3	4	8	9
10. Feeling restless?	1	2	3	4	8	9
11. Feeling low in energy?	1	2	3	4	8	9
12. Blaming oneself?	1	2	3	4	8	9
13. Crying easily?	1	2	3	4	8	9
14. Losing sexual interest?	1	2	3	4	8	9

[INTERVIEWER: Scale continues on next page.]

How bothered or distressed have you been <u>during the past week</u> by ...	Not at All	A Little	Quite a Bit	Extremely	NANS	NASK
15. Feeling lonely?	1	2	3	4	8	9
16. Feeling hopeless?	1	2	3	4	8	9
17. Feeling blue?	1	2	3	4	8	9
18. Thinking of ending one's life?	1	2	3	4	8	9
19. Feeling trapped?	1	2	3	4	8	9
20. Worrying too much?	1	2	3	4	8	9
21. Feeling no interest in things?	1	2	3	4	8	9
22. Feeling that everything is an effort?	1	2	3	4	8	9
23. Worthless feeling?	1	2	3	4	8	9
24. Poor appetite?	1	2	3	4	8	9
25. Sleep disturbance?	1	2	3	4	8	9

Health Status

I am now going to read you a list of health problems people sometimes have. For each problem, please tell me if you have had any of these problems in the past four months.

†[Hand respondent scale card #30]

In the last four months, have you had...	Yes	No	NANS	NASK
1. Anemia?	1	2	8	9
2. Arthritis or rheumatism?	1	2	8	9
3. Asthma?	1	2	8	9
4. Back or spine pain?	1	2	8	9
5. Bowel or urination problem?	1	2	8	9
6. Breathing trouble?	1	2	8	9
7. Cancer?	1	2	8	9
8. Chronic bronchitis?	1	2	8	9
9. Cough that is frequent or chronic cold?	1	2	8	9
10. Diabetes?	1	2	8	9
11. Epilepsy, seizures or other similar disorder?	1	2	8	9
12. Fainting?	1	2	8	9
13. Foot cramps that are frequent?	1	2	8	9
14. Gall bladder problem that is chronic?	1	2	8	9
15. Headaches that are frequent?	1	2	8	9
16. Heart trouble?	1	2	8	9
17. Hepatitis?	1	2	8	9

[INTERVIEWER: Scale continues on next page.]

<u>In the last four months</u> , have you had...	Yes	No	NANS	NASK
18. Hernia or rupture?	1	2	8	9
19. Hypertension?	1	2	8	9
20. Joint and muscle ache?	1	2	8	9
21. Leg cramps that are frequent?	1	2	8	9
22. Pain in heart or chest?	1	2	8	9
23. Paralysis of any kind?	1	2	8	9
24. Parkinson's disease?	1	2	8	9
25. Skin Problem?	1	2	8	9
26. Stomach or duodenal ulcer?	1	2	8	9
27. Stomach pain that is frequent?	1	2	8	9
28. Stroke?	1	2	8	9
29. Swollen ankles?	1	2	8	9
30. Teeth and gum problems?	1	2	8	9
31. Tired very quickly?	1	2	8	9
32. Tuberculosis?	1	2	8	9
33. Other injury or chronic condition? Please specify: _____	1	2	8	9

Colorado Symptom Index

I am going to ask you how often you experienced certain problems during the past month

† [Hand respondent scale card #31].

For each problem I mention, I'll ask you to look at this list of choices and pick the one that best describes how often you have had that problem in the past month. The responses vary from "not at all" to "at least every day". If you have experienced the problem at least once in the past month, you would choose "once a month". If you have experienced the problem more often, you would choose one of the other choices. Do you have any questions?

	At Least Every Day	Several Times a Week	Several Times During the Month	Once During the Month	Not at All	N A N S	N A S K
1. <u>In the past month</u> , how often have others told you that you acted "paranoid" or "suspicious"?	1	2	3	4	5	8	9
2. <u>In the past month</u> , how often have you heard voices, or heard or seen things that other people didn't think were there?	1	2	3	4	5	8	9
3. <u>In the past month</u> , how often have your voices, thoughts, or feelings interfered with your doing things?	1	2	3	4	5	8	9
4. [Read Slowly] <u>In the past month</u> , how often have you had trouble making up your mind about something like deciding where you want to go or what you are going to do, or how to solve a problem?	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	At Least Every Day	Several Times a Week	Several Times During the Month	Once During the Month	Not at All	N A N S	N A S K
5. [Read Slowly] <u>In the past month</u> , how often have you had trouble thinking straight or concentrating on something you needed to do [like worrying so much or thinking about problems so much that you can't remember or focus on other things]?	1	2	3	4	5	8	9
6. <u>In the past month</u> , how often have you felt that your behavior or actions were strange or different from that of other people?	1	2	3	4	5	8	9
7. <u>In the past month</u> , how often have you felt out of place or like you didn't fit in?	1	2	3	4	5	8	9
8. <u>In the past month</u> , how often have you forgotten important things?	1	2	3	4	5	8	9
9. <u>In the past month</u> , how often have you had a problem with thinking too fast [thoughts racing]?	1	2	3	4	5	8	9
10. <u>In the past month</u> , how often did you feel suspicious or paranoid?	1	2	3	4	5	8	9

RECOVERY ASSESSMENT SCALE

I am going to read a list of statements that describe how people sometimes feel about themselves and their lives. Please listen carefully to each one and indicate the response that best describes the extent to which you agree or disagree with the statement. For each of these statements, please indicate whether you strongly disagree (1), disagree (2), not sure (3), agree (4), or strongly agree (5) with these statements

† [Hand respondent scale card #32]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
1. I have a desire to succeed.	1	2	3	4	5	8	9
2. I have my own plan for how to stay or become well.	1	2	3	4	5	8	9
3. I have goals in life that I want to reach.	1	2	3	4	5	8	9
4. I believe I can meet my current personal goals.	1	2	3	4	5	8	9
5. I have a purpose in life.	1	2	3	4	5	8	9
6. Even when I don't care about myself, other people do.	1	2	3	4	5	8	9
7. I understand how to control the symptoms of my mental illness.	1	2	3	4	5	8	9
8. I can handle it if I get sick again.	1	2	3	4	5	8	9
9. I can identify what triggers the symptoms of my mental illness.	1	2	3	4	5	8	9
10. I can help myself become better.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
11. Fear doesn't stop me from living the way I want to.	1	2	3	4	5	8	9
12. I know that there are mental health services that do help me.	1	2	3	4	5	8	9
13. There are things that I can do that help me deal with unwanted symptoms.	1	2	3	4	5	8	9
14. I can handle what happens in my life.	1	2	3	4	5	8	9
15. I like myself.	1	2	3	4	5	8	9
16. If people really knew me, they would like me.	1	2	3	4	5	8	9
17. I am a better person than before my experience with mental illness.	1	2	3	4	5	8	9
18. Although my symptoms may get worse, I know I can handle it.	1	2	3	4	5	8	9
19. If I keep trying, I will continue to get better.	1	2	3	4	5	8	9
20. I have an idea of who I want to become.	1	2	3	4	5	8	9
21. Things happen for a reason.	1	2	3	4	5	8	9
22. Something good will eventually happen.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
23. I am the person most responsible for my own improvement.	1	2	3	4	5	8	9
24. I'm hopeful about my future.	1	2	3	4	5	8	9
25. I continue to have new interests.	1	2	3	4	5	8	9
26. It is important to have fun.	1	2	3	4	5	8	9
27. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5	8	9
28. My symptoms interfere less and less with my life.	1	2	3	4	5	8	9
29. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5	8	9
30. I know when to ask for help.	1	2	3	4	5	8	9
31. I am willing to ask for help.	1	2	3	4	5	8	9
32. I ask for help, when I need it.	1	2	3	4	5	8	9
33. Being able to work is important to me.	1	2	3	4	5	8	9
34. I know what helps me get better.	1	2	3	4	5	8	9

get better.							
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[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
35. I can learn from my mistakes.	1	2	3	4	5	8	9
36. I can handle stress.	1	2	3	4	5	8	9
37. I have people I can count on.	1	2	3	4	5	8	9
38. I can identify the early warning signs of becoming sick.	1	2	3	4	5	8	9
39. Even when I don't believe in myself, other people do.	1	2	3	4	5	8	9
40. It is important to have a variety of friends.	1	2	3	4	5	8	9
41. It is important to have healthy habits.	1	2	3	4	5	8	9

THE MEANING OF LIFE/Framework

Sub-scale in the Life Regard Index

I will read to you the following 14 statements. Please answer the following questions with one of the following choices, strongly agree (1), agree (2), no opinion (3), disagree (4), strongly disagree (5). Indicate each time the answer that best represents your opinion.

† [Hand respondent scale card #33]

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	NANS	NASK
1. I feel like I have found a really significant meaning for leading my life.	1	2	3	4	5	8	9
2. I really don't have much of a purpose for living, even for myself.	1	2	3	4	5	8	9
3. There honestly isn't anything that I totally want to do.	1	2	3	4	5	8	9
4. I have really come to terms with what's important for me in my life.	1	2	3	4	5	8	9
5. I need to find something that I can really be committed to.	1	2	3	4	5	8	9
6. I just don't know what I really want to do with my life.	1	2	3	4	5	8	9
7. Other people seem to have a better idea of what they want to do with their lives than I do.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	NANS	NASK
8. I have some aims and goals that would personally give me a great deal of satisfaction if I could accomplish them.	1	2	3	4	5	8	9
9. I really don't believe in anything about my life very deeply.	1	2	3	4	5	8	9
10. I have a philosophy of life that really gives my living significance.	1	2	3	4	5	8	9
11. I get confused when I try to understand my life.	1	2	3	4	5	8	9
12. I have a clear idea of what I'd like to do with my life.	1	2	3	4	5	8	9
13. There are things that I devote all my life's energy to.	1	2	3	4	5	8	9
14. I have a system or framework that allows me to truly understand my being alive.	1	2	3	4	5	8	9

Religion/Spirituality

Some people use religion as a source of inspiration or support in their lives. Religion is defined as a community of people who gather around common ways of worshiping.

1. Is this true for you?

Yes.....1
 No.....2
 NANS.....8
 NASK.....9

2. Please indicate the degree to which you are religious

† [Hand respondent scale card #34]

Not at all.....0
 A little bit.....1
 Moderately.....2
 Quite a bit.....3
 Very.....4
 NANS.....8
 NASK.....9

Some people use spirituality as a source of inspiration or support to themselves. Spirituality is defined as thinking about yourself as part of a larger spiritual force. [e.g., God, a spirit, nature, unifying force.]

3. Is this is true for you?

Yes.....1

No.....2

NANS.....8 [**Skip to Herth Hope Index on page 158**]

NASK.....9 [**Skip to Herth Hope Index on page 158**]

4. Please indicate the degree to which you are spiritual

† [**Refer to scale card # 34**]

Not at all.....0

A little bit.....1

Moderately.....2

Quite a bit.....3

Very.....4

NANS.....8

NASK.....9

Herth Hope Index

I will now read a number of statements. Please indicate whether you strongly disagree (1), disagree (2), agree (3), or strongly agree (4). Please listen to each statement and indicate how much you agree with that statement right now.

+ [Hand respondent scale card # 35]

	Strongly Disagree	Disagree	Agree	Strongly Agree	NANS	NASK
1. I have a positive outlook toward life.	1	2	3	4	8	9
2. I have short, and/or long range goals.	1	2	3	4	8	9
3. I feel all alone.	1	2	3	4	8	9
4. I can see possibilities in the midst of difficulties.	1	2	3	4	8	9
5. I have a faith that gives me comfort.	1	2	3	4	8	9
6. I feel scared about my future.	1	2	3	4	8	9
7. I can recall happy/joyful times.	1	2	3	4	8	9
8. I have deep inner strength.	1	2	3	4	8	9
9. I am able to give and receive caring and love.	1	2	3	4	8	9
10. I have a sense of direction.	1	2	3	4	8	9
11. I believe that each day has potential.	1	2	3	4	8	9
12. I feel my life has value and worth.	1	2	3	4	8	9

CONCLUSION

1. We've covered a lot of ground, are there any thoughts or issues that you'd like to talk about?

NANS.....8
NASK.....9

As a part of this study, we will be meeting with you again in 4 months. **[INTERVIEWER: If final interview, replace this sentence with "This is the last time that we will be interviewing you as part of this study."]** Thank you for your participation.

[INTERVIEWER: Record the time here that the interview ends and remember to record the end time on the cover page.]

End Time _____