#### **SERVICES (SR)**

\*SR1. INTERVIEWER CHECKPOINT: (SEE \*D87, \*M48, \*IR71, \*PD65, \*SP31, \*SO39, \*AG38, \*G59, \*IED33, \*SD13, \*SD26)

**\*SR2**. Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health, or your use of alcohol or drugs?

YES1	
NO5	GO TO *SR9.1
DON'T KNOW8	GO TO *SR9.1
REFUSED9	GO TO *SR9.1

**\*SR3**. [IF **\*SR1** EQUALS '1': Earlier in the interview you mentioned being hospitalized for problems with your emotions, nerves or mental health.] How many times in your lifetime has this occurred?

TIMES

#### \*SR4. INTERVIEWER CHECKPOINT (SEE \*SR3)

*SR3 EQUALS '1'1	
ALL OTHERS2	GO TO *SR6

\*SR5a. Was this in the past month, past six months, past year, or more than a year ago?

PAST MONTH1	GO TO *SR5c
PAST SIX MONTHS2	GO TO *SR5c
PAST YEAR	GO TO *SR5c
MORE THAN A YEAR AGO4	
DON'T KNOW	
REFUSED9	

\*SR5b. How old were you at the time of this admission?

#### \_\_\_\_\_ YEARS OLD

DON'T KNOW	998
REFUSED	.999

\*SR5c. How much time did you stay in the hospital during this admission?

	DURATION NUMBER
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4
	DON'T KNOW
	GO TO *SR9.1
*SR6.	How much time did you spend in the hospital [altogether on those (NUMBER FROM <b>*SR3</b> ) occasions]?
	DURATION NUMBER
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4
	DON'T KNOW
*SR7.	How old were you at the time of your first admission?
	YEARS OLD
	DON'T KNOW
*SR8.	In the past 12 months, have you been admitted for an overnight stay for problems with your <u>emotions</u> , <u>nerves</u> or <u>mental health</u> (IF <b>*SC26.2</b> EQUALS '1' OR <b>*SC26.3</b> EQUALS '1' OR <b>*SC26.4</b> EQUALS '1': or <u>your use of alcohol or drugs</u> )?
	YES

\*SR8a. How old were you at the time of your most recent admission for any of these problems?

\_\_\_\_\_ YEARS OLD GO TO \*SR9.1

REFUSED......9

DON'T KNOW	3	GO TO *SR9.1
REFUSED	)	GO TO *SR9.1

\*SR9. How many days did you stay in the hospital for these problems in the past 12 months?

\*SR9.1 Did you ever use an internet support group or chat room to get help for problems with your emotions or nerves?

YES 1	
NO	GO TO *SR10
DON'T KNOW 8	GO TO *SR10
REFUSED9	GO TO *SR10

\*SR9.1a. When was the last time - in the past month, past six months, past year, or more than a year ago?

PAST MONTH 1	
PAST SIX MONTHS	
PAST YEAR	
MORE THAN A YEAR AGO 4	GO TO *SR10
DON'T KNOW	GO TO *SR10
REFUSED9	GO TO *SR10

\*SR9.1b. In the past 12 months, how many times did you use an internet support group or chat room for problems with your emotions or nerves?

\_\_\_\_\_ TIMES

DON'T KNOW	998
REFUSED	999

**\*SR10**. (IF **\*SR9.1** EQUALS '1': Not counting the internet support group,) Did you ever in your life go to a selfhelp group for help with your emotions or nerves?

YES 1	
NO5	GO TO *SR11
DON'T KNOW 8	GO TO *SR11
REFUSED9	GO TO *SR11

\*SR10a. How old were you the first time (you went to a self-help group for any of these problems)?

YEARS OLD

DON'T KNOW	998
REFUSED	999

\*SR10b. When was the last time - in the past month, past six months, past year, or more than a year ago?

PAST MONTH 1	
PAST SIX MONTHS2	
PAST YEAR	
MORE THAN A YEAR AGO 4	GO TO *SR11
DON'T KNOW	GO TO *SR11
REFUSED9	GO TO *SR11

\*SR10c. In the past 12 months, how many times did you go to a self-help group meeting?

\_\_\_\_\_ TIMES

DON'T KNOW	. 998
REFUSED	. 999

\*SR11. Did you ever use a hotline for problems with your emotions or nerves?

YES 1	
NO5	GO TO *SR12
DON'T KNOW 8	GO TO *SR12
REFUSED9	GO TO *SR12

\*SR11a. How old were you the first time (you used a hotline for any of these problems)?

\_\_\_\_\_YEARS OLD

DON'T KNOW	998
REFUSED	999

\*SR11b. When was the last time - in the past month, past six months, past year, or more than a year ago?

PAST MONTH 1	
PAST SIX MONTHS	
PAST YEAR	
MORE THAN A YEAR AGO 4	GO TO *SR12
DON'T KNOW	GO TO *SR12
REFUSED	GO TO *SR12

\*SR11c. In the past 12 months, how many times did you use a hotline?

TIMES

DON'T KNOW	998
REFUSED	999

**\*SR12**. Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?

YES1	
NO5	GO TO *SR13
DON'T KNOW8	GO TO *SR13
REFUSED9	GO TO *SR13

\*SR12a. How old were you the first time (you had a session of psychological counseling or therapy)?

YEARS OLD

\*SR13. Did you ever get a prescription or medicine for your emotion, nerves or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use) from any type of professional?

YES1	
NO5	GO TO *SR14
DON'T KNOW8	GO TO *SR14
REFUSED9	GO TO *SR14

\*SR13a. How old were you the first time (you were given this sort of prescription or medicine)?

\_\_\_\_\_YEARS OLD

DON'T KNOW	. 998
REFUSED	999

# \*SR14. INTERVIEWER CHECKPOINT: (SEE \*D72, \*M33, \*IR56, \*PD50, \*SP27, \*SO25, \*AG24, \*G44, \*IED29, \*SD12, \*SD25)

#### \*SR15. INTERVIEWER CHECKPOINT (SEE \*SR1, \*SR14, \*SR12, \*SR13)

*SR1 EQUALS '1' OR *SR14 EQUALS '1' OR *SR12 EQUALS '1' OR	
* <b>SR13</b> EQUALS '1'	GO TO *SR17
ALL OTHERS	

\*SR16. (RB, PG 26) Did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions, nerves, or your use of alcohol or drugs?

YES	.1	
NO	.5	GO TO *SR122
DON'T KNOW	.8	GO TO *SR122
REFUSED	.9	GO TO *SR122

*SR17:	(RB,	<b>GR16</b> EQUALS '1': Which ones? Just give me the letters. PROBE: Any other? / ALL OTHER PG 26) which of the following types of professionals did you ever see about problems with your ons or nerves or your use of alcohol or drugs? Just give me the letters?	
	(PRO	BE: Any others?)	
	RECO	ORD ALL MENTIONS	
	A.	PSYCHIATRIST	1
	B.	GENERAL PRACTITIONER OR FAMILY DOCTOR	2
	C.	ANY OTHER MEDICAL DOCTOR, LIKE A CARDIOLOGIST OR	
		(WOMEN: GYNECOLOGIST / MEN: UROLOGIST)	3
	D.	PSYCHOLOGIST	4
	E.	SOCIAL WORKER	5
	F.	COUNSELOR	6
	G.	ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST	
		OR MENTAL HEALTH NURSE	7
	H.	A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESSIONAL	8
	I.	A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, OR RABBI	9
	J.	ANY OTHER HEALER, LIKE AN HERBALIST, CHIROPRACTOR, OR SPIRITUALIST	10
	K.	DON'T KNOW	11
	L.	REFUSE	12

#### \*SR18. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '1'	
*SR17 EQUALS '2' OR *SR17 EQUALS '3'	
*SR17 EQUALS '4'	GO TO *SR40
*SR17 EQUALS '5'	GO TO *SR48
*SR17 EQUALS '6'	GO TO *SR57
*SR17 EQUALS '7'	GO TO *SR66
*SR17 EQUALS '8'7	GO TO *SR74
*SR17 EQUALS '9'	GO TO *SR87
*SR17 EQUALS '10'9	GO TO *SR100
ALL OTHERS	GO TO *SR128

\*SR19. How old were you the <u>first</u> time you talked to a <u>psychiatrist</u> about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)?

\_\_\_\_\_YEARS OLD

\*SR20. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR22
TWO – SIX MONTHS AGO2	GO TO *SR22
SEVEN – 12 MONTHS AGO3	GO TO *SR22
MORE THAN 12 MONTHS AGO4	
DON'T KNOW8	GO TO *SR26
REFUSE9	GO TO *SR26

\*SR21. How old were you the <u>last</u> time [you talked to a psychiatrist about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)?]?

YEARS OLD

## GO TO \*SR26

\*SR22. How many visits did you make to a psychiatrist in the past 12 months?

VISIT (S)

DON'T KNOW	998	GO TO *SR23
REFUSED	999	GO TO *SR23

\*SR22a. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_ MINUTES

**\*SR23**. In general, how satisfied are you with the treatments and services you received from the psychiatrist in the past 12 months – very satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHIATRIST SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED.	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR24. Did the psychiatrist help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR25. Have you stopped seeing the psychiatrist or are you still in treatment?

STOPPED	
AND IN TREATMENT WITH ANOTHER	GO TO *SR26
REFUSED9	GO TO *SR26

\*SR25a. Did you complete the full recommended course of treatment? Or did you quit before the psychiatrist wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

#### \*SR26. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '2' OR *SR17 EQUALS '3'	
*SR17 EQUALS '4'	GO TO *SR40
*SR17 EQUALS '5'	GO TO *SR48
*SR17 EQUALS '6'	GO TO *SR57
*SR17 EQUALS '7'	GO TO *SR66
*SR17 EQUALS '8'	GO TO *SR74
*SR17 EQUALS '9'	GO TO *SR87
*SR17 EQUALS '10'	GO TO *SR100
ALL OTHERS	GO TO *SR109

\*SR27. How old were you the <u>first</u> time you talked to (IF \*SR17 EQUALS '1': <u>any other type of medical doctor</u>/ ALL OTHERS: a medical doctor) about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)? YEARS OLD

\*SR28. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR30
TWO – SIX MONTHS AGO2	GO TO *SR30
SEVEN – 12 MONTHS AGO3	GO TO *SR30
MORE THAN 12 MONTHS AGO4	
DON'T KNOW	GO TO *SR39
REFUSED9	GO TO *SR39

\*SR29. How old were you the <u>last</u> time [you talked to a medical doctor (IF **\*SR17** EQUALS '1': other than a psychiatrist) about your emotions (IF **\*SC26.2** EQUALS '1' OR **\*SC26.3** EQUALS '1' OR **\*SC26.4** EQUALS '1': or substance use)?]?

YEARS OLD

\*SR30. Did a medical doctor (IF \*SR17 EQUALS '1': other than a psychiatrist) ever recommend that you go to a mental health specialist, clinic or program?

YES1	
NO5	GO TO *SR34
DON'T KNOW	GO TO *SR34
REFUSED9	GO TO *SR34

\*SR31. How old were you the <u>first</u> time [a medical doctor (IF **\*SR17** EQUALS '1': other than a psychiatrist) ever referred you to a mental health specialist, clinic or program]?

YEARS OLD

#### \*SR32. INTERVIEWER CHECKPOINT: (SEE \*SR28)

\*SR33. Did a medical doctor recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES	1
NO	
DON'T KNOW	
REFUSED	9

#### GO TO \*SR35

\*SR34. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR28 EQUALS '1' – '3'1	
ALL OTHERS2	GO TO *SR39

\*SR35. How many visits did you make in the <u>past 12 months</u> to a medical doctor (IF \*SR17 EQUALS '1': other than a psychiatrist) where you talked about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)?

VISIT(S)

DON'T KNOW	998	GO TO *SR36
REFUSED	999	GO TO *SR36

\*SR35a. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_\_ MINUTES

**\*SR36**. In general, how satisfied are you with the treatments and services you received from the medical doctor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE MEDICAL DOCTOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR37. Did the medical doctor help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR38. Have you stopped seeing the medical doctor about your emotional (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance) problems or are you still in treatment?

STOPPED 1	
(IF VOL) STOPPED SEEING ONE DOCTOR	
AND IN TREATMENT WITH ANOTHER	GO TO *SR39
STILL IN TREATMENT	GO TO *SR39
DON'T KNOW	GO TO *SR39
REFUSED	GO TO *SR39

\*SR38a. Did you complete the full recommended course of treatment? Or did you quit before the medical doctor wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

#### \*SR39. INTERVIEWER CHECKPOINT (SEE \*SR17)

*SR17 EQUALS '4'1	
*SR17 EQUALS '5'	GO TO *SR48
*SR17 EQUALS '6'	GO TO *SR57
*SR17 EQUALS '7'	GO TO *SR66
*SR17 EQUALS '8'	GO TO *SR74
*SR17 EQUALS '9'	
*SR17 EQUALS '10'	GO TO *SR100
ALL OTHERS	GO TO *SR109

\*SR40. How old were you the <u>first</u> time you talked to a <u>psychologist</u> about your emotions, nerves, or mental health (IF **\*SC26.2** EQUALS '1' OR **\*SC26.3** EQUALS '1' OR **\*SC26.4** EQUALS '1': or your use of alcohol or drugs)?

YEARS OLD

DON'T KNOW ...... 998 REFUSED ...... 999

\*SR41. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR43
TWO – SIX MONTHS AGO2	GO TO *SR43
SEVEN – 12 MONTHS AGO	GO TO *SR43
MORE THAN 12 MONTHS AGO4	
DON'T KNOW	GO TO *SR47
REFUSED9	GO TO *SR47

\*SR42. How old were you the <u>last</u> time [you talked to a psychologist about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)]?

YEARS OLD

### GO TO \*SR47

\*SR43. How many visits did you make to a psychologist in the past 12 months?

VISIT(S)

DON'T KNOW	998	GO TO *SR44
REFUSED	999	GO TO *SR44

\*SR43a. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_\_ MINUTES

**\*SR44.** In general, how satisfied are you with the treatments and services you received from the psychologist in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHOLOGIST SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR45. Did the psychologist help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR46a. Have you stopped seeing the psychologist or are you still in treatment?

STOPPED1	
(IF VOL) STOPPED SEEING ONE PSYCHOLOGIST	
AND IN TREATMENT WITH ANOTHER	GO TO *SR47
STILL IN TREATMENT	GO TO *SR47
DON'T KNOW	GO TO *SR47
REFUSED	GO TO *SR47

\*SR46b. Did you complete the full recommended course of treatment? Or did you quit before the psychologist wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

\*SR47. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '5'1	
*SR17 EQUALS '6'	GO TO *SR57
<b>*SR17</b> EQUALS '7'	GO TO *SR66
*SR17 EQUALS '8'	GO TO *SR74
* <b>SR17</b> EQUALS '9'5	GO TO *SR87
<b>*SR17</b> EQUALS '10'6	GO TO *SR100
ALL OTHERS7	GO TO *SR109

\*SR48. How old were you the <u>first</u> time you talked to a <u>social worker</u> about your emotions, nerves, or mental health (IF **\*SC26.2** EQUALS '1' OR **\*SC26.3** EQUALS '1' OR **\*SC26.4** EQUALS '1': or your use of alcohol or drugs)?

YEARS OLD

\*SR49. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR51
TWO – SIX MONTHS AGO2	GO TO *SR51
SEVEN – 12 MONTHS AGO3	GO TO *SR51
MORE THAN 12 MONTHS AGO4	
DON'T KNOW	GO TO *SR56
REFUSED9	GO TO *SR56

\*SR50. How old were you the <u>last</u> time [you talked to a social worker about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)]?

\_YEARS OLD

#### GO TO \*SR56

\*SR51. How many visits did you make to the social worker in the past 12 months?

\_\_\_\_\_VISIT(S)

 DON'T KNOW
 998
 GO TO \*SR52

 REFUSED
 999
 GO TO \*SR52

\*SR51a. How many minutes did (this visit last/ these visits last on average)?

MINUTES

DON'T KNOW	998
REFUSED	999

\*SR52. (RB, PG 27) In which of these locations did you see the social worker?

#### RECORD ALL MENTIONS

A.	HOSPITAL EMERGENCY DEPARTMENT	1
В.	PSYCHIATRIC OUTPATIENT CLINIC	2
C.	DRUG OR ALCOHOL OUTPATIENT CLINIC	3
D.	PRIVATE OFFICE	4
E.	SOCIAL SERVICE AGENCY OR DEPARTMENT	5
F.	PROGRAM IN JAIL OR PRISON	6
G.	DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH	
	ALCOHOL OR DRUGS	
H.	CHURCH OR OTHER RELIGIOUS BUILDING	8
I.	OTHER (SPECIFY)	9
	DON'T KNOW	
	REFUSED	99

\*SR53. In general, how satisfied are you with the treatments and services you received from the social worker in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SOCIAL WORKER SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR54. Did the social worker help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR55. Have you stopped seeing the social worker or are you still in treatment?

STOPPED1	
(IF VOL) STOPPED SEEING ONE SOCIAL WORKER	
AND IN TREATMENT WITH ANOTHER	GO TO *SR56
STILL IN TREATMENT	GO TO *SR56
DON'T KNOW	GO TO *SR56
REFUSED	GO TO *SR56

\*SR55a. Did you complete the full recommended course of treatment? Or did you quit before the social worker wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

\*SR56. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '6'1	
<b>*SR17</b> EQUALS '7'	GO TO *SR66
*SR17 EQUALS '8'	GO TO *SR74
*SR17 EQUALS '9'4	GO TO *SR87
<b>*SR17</b> EQUALS '10'	GO TO *SR100
ALL OTHERS	GO TO *SR109

\*SR57. How old were you the <u>first</u> time you talked to a <u>counselor</u> about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)?

YEARS OLD

\*SR58. When was the last time - in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR60
TWO – SIX MONTHS AGO2	GO TO *SR60
SEVEN – 12 MONTHS AGO3	GO TO *SR60
MORE THAN 12 MONTHS AGO4	
DON'T KNOW	GO TO *SR65
REFUSED9	GO TO *SR65

\*SR59. How old were you the <u>last</u> time [you talked to a counselor about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)]?

YEARS OLD

#### GO TO \*SR65

\*SR60. How many visits did you make to a counselor in the past 12 months?

VISIT(S)

DON'T KNOW	998	GO TO *SR61
REFUSED	999	GO TO *SR61

\*SR60a. How many minutes did (this visit last/ these visits last on average)?

MINUTES

DON'T KNOW	.998
REFUSED	.999

\*SR61. (RB, PG 27) In which of these locations did you see the counselor?

#### RECORD ALL MENTIONS

	HOSPITAL EMERGENCY DEPARTMENT	
В.	PSYCHIATRIC OUTPATIENT CLINIC	2
C.	DRUG OR ALCOHOL OUTPATIENT CLINIC	3
D.	PRIVATE OFFICE	4
E.	SOCIAL SERVICE AGENCY OR DEPARTMENT	
F.	PROGRAM IN JAIL OR PRISON	6
H.	DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH	
	ALCOHOL OR DURGS	7
I.	CHURCH OR OTHER RELIGIOUS BUILDING	
I.	OTHER (SPECIFY)	9
DC	DN'T KNOW	98
RE	EFUSED	99

\*SR62. In general, how satisfied are you with the treatments and services you received from the counselor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE COUNSELOR SEEN: ASK ABOUT THE ONE R WAS  $\underline{\text{MOST}}$  SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR63. Did the counselor help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	

\*SR64. Have you stopped seeing a counselor or are you still in treatment?

STOPPED	
AND IN TREATMENT WITH ANOTHER	GO TO *SR65
STILL IN TREATMENT	
DON'T KNOW	GO TO *SR65
REFUSED	GO TO *SR65

\*SR64a. Did you complete the full recommended course of treatment? Or did you quit before the counselor wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

*SR17 EQUALS '7'1	
*SR17 EQUALS '8'2	GO TO *SR74
<b>*SR17</b> EQUALS '9'3	GO TO *SR87
*SR17 EQUALS '10'4	GO TO *SR100
ALL OTHERS	GO TO *SR109

\*SR66. How old were you the <u>first</u> time you talked to (IF \*SR17 EQUALS '1' OR '4'OR '5' OR '6': <u>any other type</u> of <u>mental health professional</u>, like a psychotherapist or mental health nurse/ ALL OTHERS: a mental health professional) about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)?

\_\_\_\_YEARS OLD

\*SR67. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR69
TWO – SIX MONTHS AGO2	GO TO *SR69
SEVEN – 12 MONTHS AGO3	GO TO *SR69
MORE THAN 12 MONTHS AGO4	
DON'T KNOW8	GO TO *SR73
REFUSED9	GO TO *SR73

\*SR68. How old were you the last time?

YEARS OLD

#### GO TO \*SR73

\*SR69. How many visits did you make to this professional in the past 12 months?

VISIT(S)

DON'T KNOW	998	GO TO *SR70
REFUSED	999	GO TO *SR70

\*SR69a. How many minutes did (this visit last/ these visits last on average)?

#### MINUTES

DON'T KNOW	998
REFUSED	999

\*SR70. In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED.	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR71. Did this professional help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR72. Have you stopped seeing this mental health professional or are you still in treatment?

STOPPED	
ANOTHER	GO TO *SR73
STILL IN TREATMENT	GO TO *SR73
DON'T KNOW	GO TO *SR73
REFUSED	GO TO *SR73

\*SR72a. Did you complete the full recommended course of treatment? Or did you quit before the mental health professional wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	8
REFUSED	9

\*SR73. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '8'1	
*SR17 EQUALS '9'	GO TO *SR87
*SR17 EQUALS '10'	
ALL OTHERS4	GO TO *SR109
•	

\*SR74. How old were you the <u>first</u> time you talked to a <u>nurse</u>, <u>occupational therapist</u>, <u>or other non-MD health</u> <u>professional</u> about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)? YEARS OLD

DON'T KNOW ......998 REFUSED ......999 \*SR75. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR77
TWO – SIX MONTHS AGO	GO TO *SR77
SEVEN – 12 MONTHS AGO3	GO TO *SR77
MORE THAN 12 MONTHS AGO4	
DON'T KNOW8	GO TO *SR86
REFUSED9	GO TO *SR86

\*SR76. How old were you the last time?

YEARS OLD

\*SR77. Did a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program?

YES1	
NO5	GO TO *SR81
DON'T KNOW	GO TO *SR81
REFUSED9	GO TO *SR81

\*SR78. How old were you the <u>first</u> time (a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program)?

\_\_\_\_ YEARS OLD

#### \*SR79. INTERVIEWER CHECKPOINT: (SEE \*SR75)

*SR75 EQUALS '1' – '3'1	
ALL OTHERS2	GO TO *SR86

\*SR80. Did a nurse, occupational therapist, or other non-MD health professional recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES	1
NO	5
DON'T KNOW	8
REFUSED	9

#### GO TO \*SR82

*SR81. INTERVIEWER	CHECKPOINT:	(SEE <b>*SR75</b> )
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*SR75 EQUALS '1' – '3'1	
ALL OTHERS	GO TO *SR86

\*SR82. How many visits did you make to a non-MD health professional in the past 12 months?

\_\_\_\_\_VISIT(S)

DON'T KNOW	998	GO TO *SR83
REFUSED	999	GO TO *SR83

\*SR82a. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_\_ MINUTES

DON'T KNOW	998
REFUSED	999

**\*SR83**. In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	3
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR84. Did this professional help you a lot, some, a little, or not at all?

A LOT	1
SOME	2
A LITTLE	3
NOT AT ALL	4
DON'T KNOW	8
REFUSED	9

\*SR85. Have you stopped seeing this professional or are you still in treatment?

STOPPED1	
(IF VOL) STOPPED SEEING ONE NON-MD HEALTH	
PROFESSIONAL AND IN TREATMENT WITH ANOTHER2	GO TO *SR86
STILL IN TREATMENT	GO TO *SR86
DON'T KNOW	GO TO *SR86
REFUSED	GO TO *SR86

\*SR85a. Did you complete the full recommended course of treatment? Or did you quit before the health professional wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	
REFUSED	9

*SR17 EQUALS '9'1	
*SR17 EQUALS '10'2	GO TO *SR100
ALL OTHERS	GO TO *SR109

\*SR87. How old were you the <u>first</u> time you talked to a <u>spiritual advisor</u> about your emotions, nerves, or mental health (IF **\*SC26.2** EQUALS '1' OR **\*SC26.3** EQUALS '1' OR **\*SC26.4** EQUALS '1': or your use of alcohol or drugs)?

\*SR88. When was the <u>last</u> time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	GO TO *SR90
TWO – SIX MONTHS AGO	GO TO *SR90
SEVEN – 12 MONTHS AGO	GO TO *SR90
MORE THAN 12 MONTHS AGO	
DON'T KNOW	GO TO *SR99
REFUSED9	GO TO *SR99

\*SR89. How old were you the <u>last</u> time [you talked to a spiritual advisor about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use]]?

\*SR90. Did a spiritual advisor ever recommend that you go to a mental health specialist, clinic or program?

YES1	
NO5	GO TO *SR94
DON'T KNOW8	GO TO *SR94
REFUSED9	GO TO *SR94

\*SR91. How old were you the <u>first</u> time (a spiritual advisor ever referred you to a mental health specialist, clinic or program)?

YEARS OLD

#### \*SR92. INTERVIEWER CHECKPOINT: (SEE \*SR88)

 \*SR93. Did a spiritual advisor recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES	1
NO	5
DON'T KNOW	
REFUSED	9

#### GO TO \*SR95

#### \*SR94. INTERVIEWER CHECKPOINT: (SEE \*SR88)

<b>*SR88</b> EQUALS '1' – '3'1	
ALL OTHERS	GO TO *SR99

\*SR95. How many visits did you make to a spiritual advisor about these problems in the past 12 months?

\_\_\_\_\_VISIT(S)

DON'T KNOW	998	GO TO *SR96
REFUSED	999	GO TO *SR96

\*SR95a. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_ MINUTES

DON'T KNOW	998
REFUSED	999

**\*SR96**. In general, how satisfied are you with the treatments and services you received from the spiritual advisor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SPIRITUAL ADVISOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR97. Did the spiritual advisor help you a lot, some, a little, or not at all?

A LOT	
SOME	
A LITTLE	
NOT AT ALL	
DON'T KNOW	
REFUSED	

\*SR98. Have you stopped seeing the spiritual advisor or are you still in treatment?

STOPPED1	
(IF VOL) STOPPED SEEING ONE SPIRITUAL ADVISOR	
AND IN TREATMENT WITH ANOTHER	GO TO *SR99
STILL IN TREATMENT	GO TO *SR99
DON'T KNOW	GO TO *SR99
REFUSED	GO TO *SR99

\*SR98a. Did you complete the full recommended course of treatment? Or did you quit before the spiritual advisor wanted you to stop?

COMPLETED TREATMENT 1
QUIT
DON'T KNOW
REFUSED

#### \*SR99. INTERVIEWER CHECKPOINT: (SEE \*SR17)

*SR17 EQUALS '10'	
ALL OTHERS	GO TO *SR109

\*SR100. How old were you the first time you talked to a healer - such as an herbalist or chiropractor or spiritualist about your emotions, nerves, or mental health (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR **\*SC26.4** EQUALS '1': or your use of alcohol or drugs)?

YEARS OLD

DON'T KNOW ...... 998 REFUSED ...... 999

\*SR101. When was the last time - in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH1	
TWO – SIX MONTHS AGO	GO TO *SR103
SEVEN – 12 MONTHS AGO	GO TO *SR103
MORE THAN 12 MONTHS AGO	
DON'T KNOW8	GO TO *SR109
REFUSED9	GO TO *SR109

\*SR102. How old were you the last time?

YEARS OLD

DON'T KNOW	998
REFUSED	999

GO TO \*SR109

\*SR103. How many visits did you make to a healer in the past 12 months?

\_\_\_\_\_VISIT(S)

DON'T KNOW	998	GO TO *SR105
REFUSED	999	GO TO *SR105

\*SR104. How many minutes did (this visit last/ these visits last on average)?

\_\_\_\_\_ MINUTES

DON'T KNOW	.998
REFUSED	999

\*SR105. What kind of healer did you see?

(PROBE: Any others?)

RECORD ALL MENTIONS

ACUPUNCTURIST	1
BIOFEEDBACK SPECIALIST	2
CHIROPRACTOR	3
ENERGY HEALING SPECIALIST	4
EXERCISE OR MOVEMENT THERAPIST	5
HERBALIST	6
НОМЕОРАТН	7
HYPNOTIST	8
GUIDED IMAGERY SPECIALIST	
MASSEUSE	10
SPIRITUALIST/PSYCHIC	11
YOGA, RELAXATION OR MEDITATION EXPERT	
DIETICIAN	13
OTHER (SPECIFY)	

DON'T KNOW	98
Dort Tiltto (	
REFUSED	

\*SR106. In general, how satisfied are you with the treatments and services you received from the [TYPE OF HEALER(s)/healer(s)] in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE HEALER SEEN: ASK ABOUT THE ONE R WAS <u>MOST</u> SATISFIED WITH

VERY SATISFIED	1
SATISFIED	2
NEITHER SATISFIED OR DISSATISFIED	
DISSATISFIED	4
VERY DISSATISFIED	5
DON'T KNOW	8
REFUSED	9

\*SR107. Did the [TYPE OF HEALER(s)/healer(s)] help you a lot, some, a little, or not at all?

A LOT	1
SOME	
A LITTLE	
NOT AT ALL	4
DON'T KNOW	8
REFUSED	

\*SR108. Have you stopped seeing the [TYPE OF HEALER(s)/healer(s)] or are you still in treatment?

STOPPED1	
(IF VOL) STOPPED SEEING ONE HEALER	
AND IN TREATMENT WITH ANOTHER	GO TO *SR110
STILL IN TREATMENT	GO TO *SR110
DON'T KNOW	GO TO *SR110
REFUSED9	GO TO *SR110

\*SR108a. Did you complete the full recommended course of treatment? Or did you quit before the [TYPE OF HEALER(s)/healer(s)] wanted you to stop?

COMPLETED TREATMENT	1
QUIT	5
DON'T KNOW	
REFUSED	9

#### GO TO \*SR110

\*SR109. INTERVIEWER CHECKPOINT: (SEE \*SR5a, \*SR8, \*SR20, \*SR28, \*SR41, \*SR49, \*SR58, \*SR67, \*SR75, \*SR88, \*SR101)

\*SR110. The next question is about the money you spent over the past 12 months on treatment of problems with your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use). This includes all the money you and your family members paid "out-of-pocket" for visits, medications, tests, and services associated with your treatment. Not including any costs that were reimbursed or that will be reimbursed by insurance, about how much money have you (and your family) spent on treatment of emotional (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '

(CODE "NONE" AS ZERO DOLLARS)

\_\_\_ DOLLARS

DON'T KNOW ...... 998 REFUSED ...... 999 \*SR111. When you went to see a professional about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use) in the past year, was this something you wanted to do, or did you go only because someone else was putting pressure on you?

R WANTED TO DO IT	
(IF VOL) BOTH	GO TO *SR114
REFUSED	GO TO *SR119

\*SR112. (RB, PG 28) Which of these three statements best describes why you didn't want to see a professional:

You didn't think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help, but didn't believe professional treatment would be helpful?

R DIDN'T THINK HE/SHE HAD A PROBLEM	1
R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT ON HIS/HER OWN	2
R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN'T BELIEVE PROFESSIONAL TREATMENT WOULD BE HELPFUL	3
OTHER (SPECIFY)	4

#### GO TO \*SR119

\*SR113. Did anyone encourage you or put pressure on you to see a professional about your emotions (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or substance use)?

YES	1
NO	5
DON'T KNOW	
REFUSED	9

\*SR114. How long had you been thinking that you needed to see a professional before you started treatment?

DURATION NUMBER

CIRCLE UNIT OF TIME:

DAYS ...1 WEEKS ....2 MONTHS....3

25

YEARS .... 4

#### \*SR115.INTERVIEWER CHECKPOINT: (SEE \*SR114)

#### 

\*SR116. I'm going to read a list of reasons for delaying help-seeking and ask you to say "yes" or "no" for whether each one was a reason for why you didn't get professional help more quickly than you did?

(IF NEC: Was that one of your reasons for delaying?)	YES (1)	NO (5)	DK (8)	RF (9)
*SR116a. My health insurance would not cover treatment.	1	5	8	9
*SR116b. I thought the problem would get better by itself.	1	5	8	9
*SR116c. The problem didn't bother me very much at first.	1	5	8	9
*SR116d. I wanted to handle the problem on my own.	1	5	8	9
*SR116e. I didn't think treatment would work.	1	5	8	9
*SR116f. I received treatment before and it didn't work.	1	5	8	9
*SR116g. I was concerned about how much money it would cos	. 1	5	8	9
*SR116h. I was concerned about what people would think if the found out I was in treatment.	1	5	8	9
*SR116i. I had problems with things like transportation or scheduling that made it hard to get to treatment.	1	5	8	9
*SR116j. I was unsure about where to go or who to see.	1	5	8	9
*SR116k. I thought it thought it would take too much time or be inconvenient.	1	5	8	9
*SR1161. I could not get an appointment.	1	5	8	9
*SR116m. I was scared about being put in a hospital against my will.	1	5	8	9
*SR116n. I was not satisfied with available services.	1	5	8	9

\*SR117. Were there any other important reasons for your delay that I didn't ask about?

YES1	
NO5	GO TO *SR118
DON'T KNOW8	GO TO *SR118
REFUSED9	GO TO *SR118

\*SR117a.(IF NEC: Briefly, what were they?)

\*SR118. (RB, PG 29) Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional in the past 12 months? (You can just give me the letters.)

(PROBE: Any other important reasons that are not on the list?)

PROBE UNTIL NONPRODUCTIVE

A.	TO HELP WITH YOUR EMOTIONS (e.g., SADNESS, ANGER)1
B.	TO CONTROL PROBLEM BEHAVIORS (e.g., DRINKING PROBLEMS, GAMBLING):
C.	TO DEAL WITH A GENERAL BODY COMPLAINTS (e.g., TIREDNESS, HEADACHES)
D.	TO HELP MAKE A LIFE DECISION (e.g., TO GET MARRIED OR CHANGE JOBS)4
E.	TO COPE WITH ONGOING STRESS (e.g., JOB STRESS, MARITAL PROBLEMS)5
F.	TO COPE WITH RECENT STRESSFUL EVENTS (e.g., DIVORCE, DEATH OF A LOVED ONE)6
G.	TO COME TO TERMS WITH YOUR PAST (e.g., FEELINGS ABOUT YOUR CHILDHOOD)7
H.	OTHER REASONS (PLEASE DESCRIBE)

DON'T KNOW	8
REFUSED	9

#### \*SR119. INTERVIEWER CHECKPOINT: (SEE \*SR25a, \*SR38a, \*SR42.1a, \*SR46b, \*SR55a, \*SR64a, \*SR72a, \*SR85a, \*SR98a, \*SR108a)

\*SR25a EQUALS '5' OR \*SR38a EQUALS '5' OR \*SR46b EQUALS '5' OR \*SR55a EQUALS '5' OR \*SR64a EQUALS '5' OR \*SR72a EQUALS '5' OR \*SR85a EQUALS '5' OR \*SR98a EQUALS '5' OR \*SR108a EQUALS '5' .....1 

*SR120.	You mentioned quitting. I'm going to read a list of reasons for quitting and ask you to say "yes" or "no"
	for whether each one was a reason <u>you</u> quit.

(IF NEC: Was that one of your reasons for quitting?)	YES (1)	NO (5)	DK (8)	RF (9)
*SR120a. You got better.	1	5	8	9
*SR120b. You didn't need help anymore.	1 GO TO *SR121	5	8	9
*SR120c. You were not getting better.	1	5	8	9
*SR120d. You wanted to handle the problem on your own.	1	5	8	9
*SR120e. You had bad experiences with the treatment providers.	1	5	8	9
*SR120f. You were concerned about what people would think if they found out you were in treatment.	1	5	8	9
*SR120g. You were treated badly or unfairly.	1	5	8	9
*SR120h. The therapist or counselor left or moved away.	1	5	8	9
*SR120i. You felt out of place.	1	5	8	9
*SR120j. The policies were a hassle.	1	5	8	9
*SR120k. There were problems with lack of time, schedule change, or lack of transportation.	1	5	8	9
*SR1201. You moved.	1	5	8	9
*SR120m. Treatment was too expensive.	1	5	8	9
*SR120n. Your health insurance would not pay for more treatment.	1	5	8	9
*SR1200. Your family wanted you to stop.	1	5	8	9

\*SR121. Were there any other important reasons for quitting that I didn't ask about?

YES1	
NO5	GO TO *SR128
DON'T KNOW 8	GO TO *SR128
REFUSED9	GO TO *SR128

\*SR121a. (IF NEC: Briefly, what were they?)

#### GO TO \*SR128

\*SR122. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions or nerves (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)?

YES1	
NO5	GO TO *SR123
DON'T KNOW8	GO TO *SR123
REFUSED9	GO TO *SR123

\*SR122a. How many months or years have you been thinking that you might need professional help?

IF VOL: "ONLY OCCASIONALLY," PROBE: How long has it been that you had this thought from time to time? IF VOL: "ONLY ONCE," CODE "1 DAY."

DURATION NUMBER

GO TO \*SR124

\*SR123. (RB, PG 28) Which of these three statements best describes why you didn't want to see a professional:

You didn't think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help but didn't believe professional treatment would be helpful?

R DIDN'T THINK HE/SHE HAD A PROBLEM	1
R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT ON HIS/HER OWN	2
R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN'T BELIEVE PROFESSIONAL TREATMENT WOULD BE HELPFUL	3
OTHER (SPECIFY)	4
	_
DON'T KNOW REFUSED	8 9

\*SR125. INTERVIEWER CHECKPOINT (SEE \*SR122a)

*SR122a EQUALS AT LEAST '4' WEEKS1	
ALL OTHERS2	GO TO *SR128

(IF NEC: Is this one of your reasons?)	YES (1)	NO (5)	DK (8)	RF (9)
*SR126a. My health insurance would not cover this type of treatment	1	5	8	9
*SR126b. The problem went away by itself, and I did not reall need help.	y 1 GO TO *SR128	5	8	9
*SR126c. I thought the problem would get better by itself	1	5	8	9
*SR126d. I was concerned about how much money it would cost.	1	5	8	9
*SR126e. I was unsure about where to go or who to see.	1	5	8	9
*SR126f. I didn't think treatment would work.	1	5	8	9
*SR126g. I was concerned about what others might think if they found out I was in treatment.	1	5	8	9
*SR126h. I thought it would take too much time or be inconvenient.	1	5	8	9
*SR126i. I wanted to handle the problem on my own.	1	5	8	9
*SR126j. I could not get an appointment.	1	5	8	9
*SR126k. I was scared about being put into a hospital against my will.	1	5	8	9
*SR1261. I was not satisfied with available services.	1	5	8	9
*SR126m. I received treatment before and it did not work.	1	5	8	9
*SR126n. The problem didn't bother me very much.	1	5	8	9
*SR1260. I had problems with things like transportation, childcare, or scheduling that would have made it har to get to treatment.	d 1	5	8	9

\*SR126. Here are some reasons people have for not seeking help even when they think they might need it. Just tell me "yes" or "no" whether each statement applies to why you did not see a professional.

\*SR127. Are there any other important reasons why you didn't seek professional help?

YES1	
NO5	GO TO *SR128
DON'T KNOW8	GO TO *SR128
REFUSED9	GO TO *SR128

\*SR128. (RB, PG 30) The list on Page 30 of your booklet describes commonly used alternative therapies. Did you use any of these therapies in the past 12 months for problems with your emotions or nerves (IF \*SC26.2 EQUALS '1' OR \*SC26.3 EQUALS '1' OR \*SC26.4 EQUALS '1': or your use of alcohol or drugs)?

YES1	
NO5	GO TO *SR131
DON'T KNOW8	GO TO *SR131
REFUSED 9	GO TO *SR131

\*SR128a: Which ones did you use?

(PROBE: Any others?)

RECORD ALL MENTIONS

ACUPUNCTURE	1
BIOFEEDBACK	2
CHIROPRACTIC	3
ENERGY HEALING	4
EXERCISE OR MOVEMENT THERAPY	5
HERBAL THERAPY (e.g., ST. JOHN'S WORT, CHAMOMILE)	6
HIGH DOSE MEGA-VITAMINS	
НОМЕОРАТНУ	8
HYPNOSIS	9
IMAGERY TECHNIQUES	10
MASSAGE THERAPY	11
PRAYER OR OTHER SPIRITUAL PRACTICES	12
RELAXATION OR MEDITATION TECHNIQUES	13
SPECIAL DIETS	14
SPIRITUAL HEALING BY OTHERS	15
ANY OTHER NON-TRADITIONAL REMEDY OR THERAPY (SPECIFY)	16

\*SR129. INTERVIEWER CHECKPOINT: (SEE \*SR128a)

* <b>SR128a</b> EQUALS '6'1	
ALL OTHERS2	GO TO *SR131

\*SR130. (RB, PG 31) What types of herbal medicines did you use for your emotions or nerves or mental health (IF **\*SC26.2** EQUALS '1' OR **\*SC26.3** EQUALS '1' OR **\*SC26.4** EQUALS '1': or your use of alcohol or drugs)?

(PROBE: Any other?)

**RECORD ALL MENTIONS** 

CHAMOMILE	1
KAVA	2
LAVENDER	3
ST. JOHN'S WORT	4
VALERIAN	5
CHASTEBERRY	6
BLACK COHOSH	7
OTHER (SPECIFY)	8

\*SR130a. About how many days out of 365 in the past 12 months did you use (HERBAL MED/ any of these herbal medicines)?

\_\_\_\_\_ DAYS

DON'T KNOW...... 998 REFUSED...... 999

\*SR130b. Did a professional advise you to use (HERBAL MED/ any of these herbal medicines)?

YES1	
NO5	GO TO *SR131
DON'T KNOW	GO TO *SR131
REFUSED9	GO TO *SR131

#### RECORD ALL MENTIONS

PSYCHIATRIST	1
FAMILY DOCTOR	
OTHER MEDICAL DOCTOR (e.g., CARDIOLOGIST, GYNECOLOGIST)	
PSYCHOLOGIST	
SOCIAL WORKER	4
COUNSELOR	
OTHER MENTAL HEALTH PROFESSIONAL (e.g., PSYCHIATRIC NURSE,	
PSYCHOTHERAPIST	6
OTHER HEALTH PROFESSIONAL (e.g., PHYSICIAN ASSISTANT)	7
RELIGIOUS OR SPIRITUAL AVISOR (e.g., MINISTER, PRIEST, RABBI)	8
HERBALIST	
OTHER ALTERNATIVE PROVIDER (e.g., SPIRITUALIST, NATIVE HEALER,	
ENERGY HEALER)	10
OTHER (SPECIFY)	

DON'T KNOW	
REFUSED	

\*SR131. Did you talk to a telephone psychic at any time in the past 12 months?

YES1	
NO5	GO TO *SR132
DON'T KNOW8	GO TO *SR132
REFUSED9	GO TO *SR132

\*SR131a. About how many times (did you talk to a telephone psychic in the past 12 months)?

TIMES

\*SR131b. About how long did (this call last/ these calls last on average)?

## \_\_\_\_\_ MINUTES

DON'T KNOW	998
REFUSED	999

\*SR131c. What were the main things you talked about during (this call/ these calls)?

#### RECORD ALL MENTIONS

1
2
4
5

DON'T KNOW	
REFUSED	9

#### \*SR132. INTERVIEWER CHECKPOINT: (SEE \*SR10b)

<b>*SR10b</b> EQUALS '1' – '3'1	
ALL OTHERS	GO TO *PH1, NEXT SECTION

\*SR133. (RB, PG 32) You mentioned going to a self-group in the past 12 months. What kind of self-help group did you go to? Just give me the letter.

(PROBE: Any other?)

CIRCLE ALL MENTIONS

A.	GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY)	1
B.	GROUPS FOR PEOPLE WITH EMOTIONAL PROBLEMS (SUCH AS GROW, THE MANIC DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS)	2
C.	GROUPS FOR PEOPLE WITH EATING PROBLEMS	. 3
D.	GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW)	4
E.	GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR EMPTY NESTERS)	5
F.	GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE)	6
G.	GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS)	7
H.	PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS)	. 8
I.	GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER)	9
J.	GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON)	10
K.	ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP [SPECIFY]	. 11

DON'T KNOW	98
REFUSED	99

* <b>SR20</b> EQUALS '1' – '3' OR * <b>SR28</b> EQUALS '1' – '3' OR	
* <b>SR41</b> EQUALS '1' – '3' OR * <b>SR49</b> EQUALS '1' – '3' OR	
* <b>SR58</b> EQUALS '1' – '3' OR * <b>SR67</b> EQUALS '1' – '3' OR	
* <b>SR75</b> EQUALS '1' – '3' OR * <b>SR88</b> EQUALS '1' – '3' OR	
* <b>SR101</b> EQUALS '1' – '3'1	
ALL OTHERS	GO TO *PH1, NEXT SECTION

DON'T KNOW	8
REFUSED	9

#### GO TO \*PH1, NEXT SECTION