

SERVICES (SR)

*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?

- YES.....1
- NO5 **GO TO *SR9.1**
- DON'T KNOW.....8 **GO TO *SR9.1**
- REFUSED.....9 **GO TO *SR9.1**

*SR3. How many times in your lifetime has this occurred?

_____ TIMES

- DON'T KNOW998
- REFUSED999

*SR4. INTERVIEWER CHECKPOINT (SEE *SR3)

- *SR3 CODED '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 MONTH.....1
- PAST SIX MONTHS.....2
- PAST YEAR3
- MORE THAN A YEAR AGO4 **GO TO *SR5b**
- DON'T KNOW8 **GO TO *SR9.1**
- REFUSED9 **GO TO *SR9.1**

*SR5a_1. INTERVIEWER INSTRUCTION:

CHECK REFERENCE CARD, SERVICES SECTION, SR5a 'PAST 12 MONTHS' BOX
GO TO *SR5C

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

_____ YEARS OLD

- DON'T KNOW998
- REFUSED999

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

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS1 WEEKS 2 MONTHS..... 3 YEARS..... 4

DON'T KNOW998

REFUSED999

GO TO *SR9.1

*SR6. How much time did you spend in the hospital [altogether on those (NUMBER FROM *SR3) occasions]?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS ...1 WEEKS2 MONTHS....3 YEARS 4

DON'T KNOW998

REFUSED999

*SR7. How old were you at the time of your first admission?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

*SR7a. INTERVIEWER INSTRUCTION: (SEE **SUBSTANCE USE REFERENCE CARD KEY PHRASE SECTION**)

Deleted: , SUBSTANCE SECTION

~~'N' OR 'O'~~ IS CHECKED1 **GO TO *SR7a.1**

Deleted: *SU12 OR *SU65

ALL OTHERS2 **GO TO *SR7a.2**

*SR7a.1. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “(ALCOHOL/DRUGS/SUBSTANCE)” THROUGHOUT THE SECTION
GO TO *SR8

*SR7a.2. INTERVIEWER INSTRUCTION:

DO NOT READ “(ALCOHOL/DRUGS/SUBSTANCE)” OPTIONAL TEXT IN THIS SECTION

*SR8. In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves or mental health (or your use of alcohol or drugs)?

YES.....1 **MARK REFERENCE CARD SERVICE SECTION, SR8 '12 MONTH' BOX
AND GO TO *SR9**
NO.....5
DON'T KNOW.....8 **GO TO *SR9.1**
REFUSED.....9 **GO TO *SR9.1**

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

_____ YEARS OLD **GO TO *SR9.1**
DON'T KNOW998 **GO TO *SR9.1**
REFUSED.....999 **GO TO *SR9.1**

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

_____ DURATION NUMBER
CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS.....4
DON'T KNOW998
REFUSED999

*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 5 **GO TO *SR10**
DON'T KNOW 8 **GO TO *SR10**
REFUSED 9 **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..... 2
PAST YEAR 3
MORE THAN A YEAR AGO..... 4 **GO TO *SR10**
DON'T KNOW 8 **GO TO *SR10**
REFUSED 9 **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 KNOW998
REFUSED999

*SR10. (Not counting the internet support group,) Did you ever in your life go to a self-help group for help with your emotions or nerves?

YES 1
NO 5 **GO TO *SR11**
DON'T KNOW 8 **GO TO *SR11**
REFUSED 9 **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 MONTHS 2
PAST YEAR 3
MORE THAN A YEAR AGO 4 **GO TO *SR11**
DON'T KNOW 8 **GO TO *SR11**
REFUSED 9 **GO TO *SR11**

*SR10b_1. INTERVIEWER INSTRUCTION

MARK REFERENCE CARD, SERVICES SECTION, *SR10b '12 MONTH' BOX

*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
NO 5 **GO TO *SR12**
DON'T KNOW 8 **GO TO *SR12**
REFUSED 9 **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 2
PAST YEAR 3
MORE THAN A YEAR AGO 4 **GO TO *SR12**
DON'T KNOW 8 **GO TO *SR12**
REFUSED 9 **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?

YES 1
NO 5 **GO TO *SR13**
DON'T KNOW 8 **GO TO *SR13**
REFUSED 9 **GO TO *SR13**

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

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***SR13.** Did you ever get a prescription or medicine for your emotion, nerves or mental health (or substance use) from any type of professional?

YES 1
NO 5 **GO TO *SR15**
DON'T KNOW 8 **GO TO *SR15**
REFUSED 9 **GO TO *SR15**

*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

***SR15.** INTERVIEWER CHECKPOINT (SEE *SR2, *SR12, *SR13)

*SR2 CODED '1' OR *SR12 CODED '1' OR *SR13 CODED '1' 1 **GO TO *SR17**
ALL OTHERS 2

*SR16. (RB, PG 49) 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?

- YES1
- NO5 **GO TO *SR122**
- DON'T KNOW8 **GO TO *SR122**
- REFUSED9 **GO TO *SR122**

*SR17: IF *SR16 CODED '1': Which ones? Just give me the letters.

ALL OTHERS: (RB, PG 49) which of the following types of professionals did you ever see about problems with your emotions or nerves or your use of alcohol or drugs? Just give me the letters.

PROBE: Any others?

RECORD ALL MENTIONS

- A. PSYCHIATRIST1
- B. GENERAL PRACTITIONER OR FAMILY DOCTOR.....2
- C. ANY OTHER MEDICAL DOCTOR, LIKE A CARDIOLOGIST OR
(WOMEN: GYNECOLOGIST / MEN: UROLOGIST).....3
- D. PSYCHOLOGIST4
- E. SOCIAL WORKER5
- F. COUNSELOR6
- G. ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST
OR MENTAL HEALTH NURSE7
- H. A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESSIONAL8
- I. A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, OR RABBI9
- J. ANY OTHER HEALER, LIKE AN HERBALIST, CHIROPRACTOR, OR SPIRITUALIST.....10
- K. DON'T KNOW98
- L. REFUSE99

*SR17_1. INTERVIEWER INSTRUCTION:

MARK REFERENCE CARD, SERVICES SECTION, '*SR17 BOX' FOR EACH MENTIONED IN *SR17

*SR18. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)

- *SR17 CODED '1'1
- *SR17 CODED '2' OR *SR17 CODED '3'.....2 **GO TO *SR27**
- *SR17 CODED '4'3 **GO TO *SR40**
- *SR17 CODED '5'4 **GO TO *SR48**
- *SR17 CODED '6'5 **GO TO *SR57**
- *SR17 CODED '7'6 **GO TO *SR66**
- *SR17 CODED '8'7 **GO TO *SR74**
- *SR17 CODED '9'8 **GO TO *SR87**
- *SR17 CODED '10'9 **GO TO *SR100**
- ALL OTHERS10 **GO TO *SR128**

*SR19. How old were you the first time you talked to a psychiatrist about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

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

- PAST MONTH 1
- TWO – SIX MONTHS AGO..... 2
- SEVEN – 12 MONTHS AGO..... 3
- MORE THAN 12 MONTHS AGO..... 4 **GO TO *SR21**
- DON'T KNOW..... 8 **GO TO *SR26**
- REFUSE..... 9 **GO TO *SR26**

*SR20b. INTERVIEWER INSTRUCTION:

MARK REFERENCE CARD, SERVICES SECTION, *SR20 '12 MONTH' BOX
GO TO *SR22

*SR21. How old were you the last time [you talked to a psychiatrist about your emotions (or substance use)]?

- _____ YEARS OLD
- DON'T KNOW..... 998
- REFUSED..... 999

GO TO *SR26

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

- _____ VISIT (S)
- DON'T KNOW998 **GO TO *SR23**
- REFUSED999 **GO TO *SR23**

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

- _____ MINUTES
- DON'T KNOW998
- REFUSED999

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

INTERVIEWER: IF MORE THAN ONE PSYCHIATRIST 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

*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 1
- (IF VOL) STOPPED SEEING ONE PSYCHIATRIST
AND IN TREATMENT WITH ANOTHER..... 2 **GO TO *SR26**
- STILL IN TREATMENT..... 3 **GO TO *SR26**
- DON'T KNOW 8 **GO TO *SR26**
- REFUSED 9 **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 **MARK REFERENCE CARD, SERVICES SECTION,
*SR25a 'EVER QUIT' BOX**
- DON'T KNOW..... 8
- REFUSED..... 9

*SR26. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)

- *SR17 CODED '2' OR *SR17 CODED '3' 1
- *SR17 CODED '4' 2 **GO TO *SR40**
- *SR17 CODED '5' 3 **GO TO *SR48**
- *SR17 CODED '6' 4 **GO TO *SR57**
- *SR17 CODED '7' 5 **GO TO *SR66**
- *SR17 CODED '8' 6 **GO TO *SR74**
- *SR17 CODED '9' 7 **GO TO *SR87**
- *SR17 CODED '10' 8 **GO TO *SR100**
- ALL OTHERS..... 9 **GO TO *SR109**

*SR27. How old were you the first time you talked to (IF *SR17 CODED '1': any other type of medical doctor/ ALL OTHERS: a medical doctor) about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

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

- PAST MONTH 1
- TWO – SIX MONTHS AGO 2
- SEVEN – 12 MONTHS AGO 3
- MORE THAN 12 MONTHS AGO 4 **GO TO *SR29**
- DON'T KNOW 8 **GO TO *SR39**
- REFUSED 9 **GO TO *SR39**

*SR28b. INTERVIEWER INSTRUCTION:

MARK REFERENCE CARD, SERVICES SECTION, *SR28 '12 MONTH' BOX
GO TO *SR30

*SR29. How old were you the last time [you talked to a medical doctor (IF *SR17 CODED '1': other than a psychiatrist) about your emotions (or substance use)?]

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SR30. Did a medical doctor (IF *SR17 CODED '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 KNOW8 **GO TO *SR34**
REFUSED9 **GO TO *SR34**

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

_____ YEARS OLD

DON'T KNOW998
REFUSED999

*SR32. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR28)

***SR28 '12 MONTH' BOX IS CHECKED**1
ALL OTHERS.....2 **GO TO *SR39**

*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 5
DON'T KNOW 8
REFUSED 9

GO TO *SR35

*SR34. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR28)

***SR28 '12 MONTH' BOX IS CHECKED**1
ALL OTHERS.....2 **GO TO *SR39**

*SR35. How many visits did you make in the past 12 months to a medical doctor [**REFERENCE CARD, SERVICES SECTION, *SR17 CODED '1': other than a psychiatrist**] where you talked about your emotions (or substance use)?

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_____ VISIT(S)

DON'T KNOW998 **GO TO *SR36**
REFUSED999 **GO TO *SR36**

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

_____ MINUTES

DON'T KNOW998
REFUSED999

*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 (or substance) problems or are you still in treatment?

STOPPED 1
(IF VOL) STOPPED SEEING ONE DOCTOR
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR39**
STILL IN TREATMENT 3 **GO TO *SR39**
DON'T KNOW 8 **GO TO *SR39**
REFUSED 9 **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 **MARK REFERENCE CARD, SERVICES SECTION,
*SR38a EVER QUIT BOX**
DON'T KNOW 8
REFUSED 9

***SR39. INTERVIEWER CHECKPOINT (SEE REFERENCE CARD, SERVICE SECTION, *SR17)**

- *SR17 CODED '4'1
 - *SR17 CODED '5'2 **GO TO *SR48**
 - *SR17 CODED '6'3 **GO TO *SR57**
 - *SR17 CODED '7'4 **GO TO *SR66**
 - *SR17 CODED '8'5 **GO TO *SR74**
 - *SR17 CODED '9'6 **GO TO *SR87**
 - *SR17 CODED '10'7 **GO TO *SR100**
 - ALL OTHERS.....8 **GO TO *SR109**
-

***SR40.** How old were you the first time you talked to a psychologist about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

- _____ YEARS OLD
 - DON'T KNOW 998
 - REFUSED 999
-

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

- PAST MONTH 1
 - TWO – SIX MONTHS AGO.....2
 - SEVEN – 12 MONTHS AGO.....3
 - MORE THAN 12 MONTHS AGO.....4 **GO TO *SR42**
 - DON'T KNOW8 **GO TO *SR47**
 - REFUSED9 **GO TO *SR47**
-

***SR41b. INTERVIEWER INSTRUCTION**

MARK REFERENCE CARD, SERVICES SECTION, *SR41 '12 MONTH' BOX
GO TO *SR43

***SR42.** How old were you the last time [you talked to a psychologist about your emotions (or substance use)]?

- _____ YEARS OLD
 - DON'T KNOW 998
 - REFUSED 999
- GO TO *SR47**
-

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

- _____ VISIT(S)
- DON'T KNOW998 **GO TO *SR44**
- REFUSED999 **GO TO *SR44**

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

- _____ MINUTES
- DON'T KNOW998
- REFUSED999

***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 MOST 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 3
NOT AT ALL 4
DON'T KNOW 8
REFUSED 9

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

STOPPED 1
(IF VOL) STOPPED SEEING ONE PSYCHOLOGIST
AND IN TREATMENT WITH ANOTHER..... 2 **GO TO *SR47**
STILL IN TREATMENT..... 3 **GO TO *SR47**
DON'T KNOW 8 **GO TO *SR47**
REFUSED 9 **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 **MARK REFERENCE CARD, SERVICES SECTION,
*SR46B 'EVER QUIT' BOX**
DON'T KNOW 8
REFUSED..... 9

***SR47.** INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)

***SR17** CODED '5' 1
***SR17** CODED '6' 2 **GO TO *SR57**
***SR17** CODED '7' 3 **GO TO *SR66**
***SR17** CODED '8' 4 **GO TO *SR74**
***SR17** CODED '9' 5 **GO TO *SR87**
***SR17** CODED '10' 6 **GO TO *SR100**
ALL OTHERS..... 7 **GO TO *SR109**

*SR48. How old were you the first time you talked to a social worker about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

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

PAST MONTH 1

TWO – SIX MONTHS AGO..... 2

SEVEN – 12 MONTHS AGO..... 3

MORE THAN 12 MONTHS AGO..... 4 **GO TO *SR50**

DON'T KNOW 8 **GO TO *SR56**

REFUSED 9 **GO TO *SR56**

*SR49b. INTERVIEWER INSTRUCTION:

MARK REFERENCE CARD, SERVICES SECTION, *SR49 '12 MONTH' BOX

GO TO *SR51

*SR50. How old were you the last time [you talked to a social worker about your emotions (or substance use)]?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

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 50) In which of these locations did you see the social worker?

RECORD ALL MENTIONS

| | |
|---|----|
| A. HOSPITAL EMERGENCY DEPARTMENT | 1 |
| B. 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..... | 7 |
| H. CHURCH OR OTHER RELIGIOUS BUILDING | 8 |
| I. OTHER (SPECIFY)..... | 9 |
| <hr/> | |
| DON'T KNOW | 98 |
| 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 MOST 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?

| | |
|---|---------------|
| STOPPED | 1 |
| (IF VOL) STOPPED SEEING ONE SOCIAL WORKER AND IN TREATMENT WITH ANOTHER..... | 2 GO TO *SR56 |
| STILL IN TREATMENT..... | 3 GO TO *SR56 |
| DON'T KNOW | 8 GO TO *SR56 |
| REFUSED | 9 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 MARK REFERENCE CARD, SERVICES SECTION, *SR55a 'EVER QUIT' BOX |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR56. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)**

- *SR17 CODED '6'1
- *SR17 CODED '7'2 **GO TO *SR66**
- *SR17 CODED '8'3 **GO TO *SR74**
- *SR17 CODED '9'4 **GO TO *SR87**
- *SR17 CODED '10'5 **GO TO *SR100**
- ALL OTHERS.....6 **GO TO *SR109**

***SR57. How old were you the first time you talked to a counselor about your emotions, nerves, or mental health (or your use of alcohol or drugs)?**

- _____ YEARS OLD
- DON'T KNOW 998
- REFUSED 999

***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 MONTH 1
- TWO – SIX MONTHS AGO.....2
- SEVEN – 12 MONTHS AGO.....3
- MORE THAN 12 MONTHS AGO.....4 **GO TO *SR59**
- DON'T KNOW 8 **GO TO *SR65**
- REFUSED9 **GO TO *SR65**

***SR58b. INTERVIEWER INSTRUCTION:**

MARK REFERENCE CARD, SERVICES SECTION, *SR58 '12 MONTH BOX'
GO TO *SR60

***SR59. How old were you the last time [you talked to a counselor about your emotions (or substance use)]?**

- _____ YEARS OLD
- DON'T KNOW998
- REFUSED999

GO TO *SR65

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

- _____ VISIT(S)
- DON'T KNOW998 **GO TO *SR61**
- REFUSED999 **GO TO *SR61**

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

- _____ MINUTES
- DON'T KNOW998
- REFUSED999

*SR61. (RB, PG 50) In which of these locations did you see the counselor?

RECORD ALL MENTIONS

| | |
|--|----|
| A. HOSPITAL EMERGENCY DEPARTMENT..... | 1 |
| B. 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 |
| H. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DURGS | 7 |
| I. CHURCH OR OTHER RELIGIOUS BUILDING..... | 8 |
| I. OTHER (SPECIFY) | 9 |
| DON'T KNOW..... | 98 |
| REFUSED..... | 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
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 | 9 |

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

| | |
|---|---------------|
| STOPPED..... | 1 |
| (IF VOL) STOPPED SEEING ONE COUNSELOR AND IN TREATMENT WITH ANOTHER..... | 2 GO TO *SR65 |
| STILL IN TREATMENT..... | 3 GO TO *SR65 |
| DON'T KNOW | 8 GO TO *SR65 |
| REFUSED | 9 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 MARK REFERENCE CARD, SERVICES SECTION, *SR64a 'EVER QUIT' BOX |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

***SR65. INTERVIEWER CHECKPOINT (SEE REFERENCE CARD, SERVICES SECTION, *SR17)**

- *SR17 CODED '7'1
 - *SR17 CODED '8'2 **GO TO *SR74**
 - *SR17 CODED '9'3 **GO TO *SR87**
 - *SR17 CODED '10'4 **GO TO *SR100**
 - ALL OTHERS5 **GO TO *SR109**
-

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

- _____ YEARS OLD
 - DON'T KNOW 998
 - REFUSED 999
-

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

- PAST MONTH 1
 - TWO – SIX MONTHS AGO 2
 - SEVEN – 12 MONTHS AGO 3
 - MORE THAN 12 MONTHS AGO 4 **GO TO *SR68**
 - DON'T KNOW 8 **GO TO *SR73**
 - REFUSED 9 **GO TO *SR73**
-

***SR67b. INTERVIEWER INSTRUCTION:**

MARK REFERENCE CARD, SERVICES SECTION, *SR67 '12 MONTH' BOX
GO TO *SR69

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

- _____ YEARS OLD
- DON'T KNOW998
- REFUSED999

GO TO *SR73

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

- _____ VISIT(S)
- DON'T KNOW998 **GO TO *SR70**
- REFUSED999 **GO TO *SR70**

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

- _____ MINUTES
- DON'T KNOW998
- REFUSED999

*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 MOST 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..... 1
- (IF VOL) STOPPED SEEING ONE MENTAL HEALTH PROFESSIONAL AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR73**
- STILL IN TREATMENT 3 **GO TO *SR73**
- DON'T KNOW 8 **GO TO *SR73**
- REFUSED 9 **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 **MARK REFERENCE CARD, SERVICES SECTION, *SR72a 'EVER QUIT' BOX**
- DON'T KNOW 8
- REFUSED 9

*SR73. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)

- *SR17 CODED '8' 1
- *SR17 CODED '9' 2 **GO TO *SR87**
- *SR17 CODED '10' 3 **GO TO *SR100**
- ALL OTHERS..... 4 **GO TO *SR109**

*SR74. How old were you the first time you talked to a nurse, occupational therapist, or other non-MD health professional about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

*SR75. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH..... 1
 - TWO – SIX MONTHS AGO..... 2
 - SEVEN – 12 MONTHS AGO..... 3
 - MORE THAN 12 MONTHS AGO..... 4 **GO TO *SR76**
 - DON'T KNOW 8 **GO TO *SR86**
 - REFUSED..... 9 **GO TO *SR86**
-

*SR75b. INTERVIEWER INSTRUCTION:

MARK REFERENCE CARD, SERVICES SECTION, *SR75 '12 MONTH' BOX
GO TO *SR77

*SR76. How old were you the last time?

- _____ YEARS OLD
 - DON'T KNOW 998
 - REFUSED 999
-

*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?

- YES 1
 - NO 5 **GO TO *SR81**
 - DON'T KNOW 8 **GO TO *SR81**
 - REFUSED 9 **GO TO *SR81**
-

*SR78. How old were you the first 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
 - DON'T KNOW 998
 - REFUSED 999
-

*SR79. INTERVIEWER CHECKPOINT: (SEE **REFERENCE CARD, SERVICES SECTION, *SR75**)

- *SR75 '12 MONTH' BOX IS CHECKED** 1
 - ALL OTHERS..... 2 **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 REFERENCE CARD, SERVICES SECTION, *SR75)

*SR75 '12 MONTH' BOX IS CHECKED1
ALL OTHERS.....2 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 KNOW998 GO TO *SR83
REFUSED999 GO TO *SR83

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

_____ MINUTES

DON'T KNOW998
REFUSED999

*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 MOST 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?

STOPPED 1
(IF VOL) STOPPED SEEING ONE NON-MD HEALTH
PROFESSIONAL AND IN TREATMENT WITH ANOTHER.....2 GO TO *SR86
STILL IN TREATMENT3 GO TO *SR86
DON'T KNOW8 GO TO *SR86
REFUSED9 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 **MARK REFERENCE CARD, SERVICES SECTION, *SR85a 'EVER QUIT' BOX**
DON'T KNOW 8
REFUSED 9

*SR86. INTERVIEWER CHECKPOINT: (SEE **REFERENCE CARD, SERVICES SECTION, *SR17**)

*SR17 CODED '9' 1
*SR17 CODED '10' 2 **GO TO *SR100**
ALL OTHERS 3 **GO TO *SR109**

*SR87. How old were you the first time you talked to a spiritual advisor about your emotions, nerves, or mental health (or your use of alcohol or drugs)?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

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

PAST MONTH 1
TWO – SIX MONTHS AGO 2
SEVEN – 12 MONTHS AGO 3
MORE THAN 12 MONTHS AGO 4 **GO TO *SR89**
DON'T KNOW 8 **GO TO *SR99**
REFUSED 9 **GO TO *SR99**

*SR88b. INTERVIEWER INSTRUCTION:

**MARK REFERENCE CARD, SERVICES SECTION, *SR88 '12 MONTH' BOX
GO TO *SR90**

*SR89. How old were you the last time [you talked to a spiritual advisor about your emotions (or substance use)]?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

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

YES 1
NO 5 **GO TO *SR94**
DON'T KNOW 8 **GO TO *SR94**
REFUSED 9 **GO TO *SR94**

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

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

*SR92. INTERVIEWER CHECKPOINT: (SEE **REFERENCE CARD, SERVICES SECTION, *SR88**)

***SR88 '12 MONTH' BOX IS CHECKED**.....1

ALL OTHERS2 **GO TO *SR99**

*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 8

REFUSED 9

GO TO *SR95

*SR94. INTERVIEWER CHECKPOINT: (SEE **REFERENCE CARD, SERVICES SECTION, *SR88**)

***SR88 '12 MONTH' BOX IS CHECKED**1

ALL OTHERS2 **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 KNOW998 **GO TO *SR96**

REFUSED999 **GO TO *SR96**

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

_____ MINUTES

DON'T KNOW998

REFUSED999

*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..... 3

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

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

- STOPPED..... 1
- (IF VOL) STOPPED SEEING ONE SPIRITUAL ADVISOR
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR99**
- STILL IN TREATMENT 3 **GO TO *SR99**
- DON'T KNOW 8 **GO TO *SR99**
- REFUSED 9 **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..... 5 **MARK REFERENCE CARD, SERVICES SECTION, *SR98a 'EVER QUIT' BOX**
- DON'T KNOW 8
- REFUSED 9

*SR99. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR17)

- *SR17 CODED '10' 1
- ALL OTHERS 2 **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 (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 MONTH..... 1
- TWO – SIX MONTHS AGO 2
- SEVEN – 12 MONTHS AGO..... 3
- MORE THAN 12 MONTHS AGO 4 **GO TO *SR102**
- DON'T KNOW 8 **GO TO *SR109**
- REFUSED 9 **GO TO *SR109**

*SR101b. INTERVIEWER INSTRUCTION

MARK REFERENCE CARD, SERVICES SECTION, *SR101 '12 MONTH' BOX
GO TO *SR103

*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 KNOW998 **GO TO *SR105**
REFUSED999 **GO TO *SR105**

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

_____ MINUTES

DON'T KNOW998
REFUSED999

*SR105. What kind of healer did you see?

(PROBE: Any others?)

RECORD ALL MENTIONS

- ACUPUNCTURIST1
- BIOFEEDBACK SPECIALIST2
- CHIROPRACTOR.....3
- ENERGY HEALING SPECIALIST.....4
- EXERCISE OR MOVEMENT THERAPIST.....5
- HERBALIST6
- HOMEOPATH7
- HYPNOTIST8
- GUIDED IMAGERY SPECIALIST.....9
- MASSEUSE.....10
- SPIRITUALIST/PSYCHIC11
- YOGA, RELAXATION OR MEDITATION EXPERT12
- DIETICIAN13
- OTHER (SPECIFY).....14

DON'T KNOW98
REFUSED99

*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 MOST SATISFIED WITH

VERY SATISFIED 1
SATISFIED 2
NEITHER SATISFIED OR DISSATISFIED 3
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 2
A LITTLE 3
NOT AT ALL 4
DON'T KNOW 8
REFUSED 9

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

STOPPED 1
(IF VOL) STOPPED SEEING ONE HEALER
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR110**
STILL IN TREATMENT 3 **GO TO *SR110**
DON'T KNOW 8 **GO TO *SR110**
REFUSED 9 **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 **MARK REFERENCE CARD, SERVICES SECTION, *SR108a 'EVER QUIT' BOX**
DON'T KNOW 8
REFUSED 9

GO TO *SR110

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

ANY '12 MONTH' BOX IS CHECKED 1
ALL OTHERS 2 **GO TO *SR122**

***SR110.** The next question is about the money you spent over the past 12 months on treatment of problems with your emotions (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 (or substance) problems in the past 12 months?

(CODE “NONE” AS ZERO DOLLARS)

_____ DOLLARS

DON’T KNOW 998
REFUSED 999

***SR111.** When you went to see a professional about your emotions (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..... 1 **GO TO *SR113**
SOMEONE ELSE PUTTING PRESSURE ON R..... 2
(IF VOL) BOTH..... 3 **GO TO *SR114**
DON’T KNOW 8 **GO TO *SR119**
REFUSED 9 **GO TO *SR119**

***SR112.** (RB, PG 51) 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 98
REFUSED 99

GO TO *SR119

***SR113.** Did anyone encourage you or put pressure on you to see a professional about your emotions (or substance use)?

YES.....1
NO5
DON’T KNOW8
REFUSED9

*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 YEARS 4

DON'T KNOW 998

REFUSED 999

*SR115. INTERVIEWER CHECKPOINT: (SEE *SR114)

*SR114 IS CODED FOUR WEEKS OR MORE 1

ALL OTHERS 2 **GO TO *SR118**

*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 cost. | 1 | 5 | 8 | 9 |
| *SR116h. I was concerned about what people would think if they 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 would take too much time or be inconvenient. | 1 | 5 | 8 | 9 |
| *SR116l. I could not get an appointment. | 1 | 5 | 8 | 9 |

| (IF NEC: Was that one of your reasons for delaying?) | YES (1) | NO (5) | DK (8) | RF (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
- NO.....5 **GO TO *SR118**
- DON'T KNOW8 **GO TO *SR118**
- REFUSED9 **GO TO *SR118**

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

*SR118. (RB, PG 52) 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):.....2
- C. TO DEAL WITH A GENERAL BODY COMPLAINTS (e.g., TIREDNESS, HEADACHES).....3
- 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)8

- DON'T KNOW98
- REFUSED99

*SR119. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION *SR25a, *SR38a, *SR46b, *SR55a, *SR64a, *SR72a, *SR85a, *SR98a, *SR108a)

- ANY 'EVER QUIT' BOX IS CHECKED1
- ALL OTHERS.....2 **GO TO *SR128**

*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 you 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 |
| *SR120l. 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 |
| *SR120o. 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?

- YES 1
- NO..... 5 **GO TO *SR128**
- DON'T KNOW 8 **GO TO *SR128**
- REFUSED..... 9 **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 (or your use of alcohol or drugs)?

- YES 1
- NO..... 5 **GO TO *SR123**
- DON'T KNOW 8 **GO TO *SR123**
- REFUSED..... 9 **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

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS..... 4

- DON'T KNOW 998
- REFUSED 999

GO TO *SR124

*SR123. (RB, PG 51) 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 98
- REFUSED 99

*SR124. Was there ever a time in the past 12 months when someone encouraged you or put pressure on you to see a professional about your emotions or mental health (or your use of alcohol or drugs)?

- YES..... 1
- NO.....5
- DON'T KNOW.....8
- REFUSED.....9

*SR125. INTERVIEWER CHECKPOINT (SEE *SR122a)

- *SR122a IS CODED AT LEAST '4' WEEKS..... 1
- ALL OTHERS..... 2 **GO TO *SR128**

*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.

| (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 really need help. | 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 |
| *SR126l. 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 |
| *SR126o. I had problems with things like transportation, childcare, or scheduling that would have made it hard to get to treatment. | 1 | 5 | 8 | 9 |

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

- YES 1
- NO 5 **GO TO *SR128**
- DON'T KNOW 8 **GO TO *SR128**
- REFUSED 9 **GO TO *SR128**

*SR127a. (IF NEC: Briefly, what were they?)

***SR128.** (RB, PG 53) The list on Page 53 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 (or your use of alcohol or drugs)?

- YES1
- NO.....5 **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
 - BIOFEEDBACK2
 - CHIROPRACTIC.....3
 - ENERGY HEALING4
 - EXERCISE OR MOVEMENT THERAPY5
 - HERBAL THERAPY (e.g., ST. JOHN'S WORT, CHAMOMILE)6
 - HIGH DOSE MEGA-VITAMINS7
 - HOMEOPATHY8
 - HYPNOSIS.....9
 - IMAGERY TECHNIQUES.....10
 - MASSAGE THERAPY11
 - PRAYER OR OTHER SPIRITUAL PRACTICES12
 - RELAXATION OR MEDITATION TECHNIQUES13
 - SPECIAL DIETS14
 - SPIRITUAL HEALING BY OTHERS15
 - ANY OTHER NON-TRADITIONAL REMEDY OR THERAPY (SPECIFY)16
-
-

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

- *SR128a** CODED '6' 1
- ALL OTHERS..... 2 **GO TO *SR131**

***SR130.** (RB, PG 54) What types of herbal medicines did you use for your emotions or nerves or mental health (or your use of alcohol or drugs)?

(PROBE: Any other?)

RECORD ALL MENTIONS

- CHAMOMILE1
 - KAVA2
 - LAVENDER3
 - ST. JOHN'S WORT.....4
 - VALERIAN5
 - CHASTEBERRY6
 - BLACK COHOSH.....7
 - OTHER (SPECIFY).....8
-
-

- DON'T KNOW998
- REFUSED999

*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)?

YES 1
NO 5 **GO TO *SR131**
DON'T KNOW 8 **GO TO *SR131**
REFUSED 9 **GO TO *SR131**

*SR130c. What kind of professional?

RECORD ALL MENTIONS

PSYCHIATRIST 1
FAMILY DOCTOR 2
OTHER MEDICAL DOCTOR (e.g., CARDIOLOGIST, GYNECOLOGIST) 3
PSYCHOLOGIST 4
SOCIAL WORKER 5
COUNSELOR 6
OTHER MENTAL HEALTH PROFESSIONAL (e.g., PSYCHIATRIC NURSE,
PSYCHOTHERAPIST) 7
OTHER HEALTH PROFESSIONAL (e.g., PHYSICIAN ASSISTANT) 8
RELIGIOUS OR SPIRITUAL AVISOR (e.g., MINISTER, PRIEST, RABBI) 9
HERBALIST 10
OTHER ALTERNATIVE PROVIDER (e.g., SPIRITUALIST, NATIVE HEALER,
ENERGY HEALER) 11
OTHER (SPECIFY) 12

DON'T KNOW 98
REFUSED 99

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

YES 1
NO 5 **GO TO *SR132**
DON'T KNOW 8 **GO TO *SR132**
REFUSED 9 **GO TO *SR132**

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

_____ TIMES

DON'T KNOW 998
REFUSED 999

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

_____ MINUTES

DON'T KNOW998
REFUSED999

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

RECORD ALL MENTIONS

LOVE LIFE..... 1
FINANCES 2
OTHER STRESS 3
R'S MENTAL HEALTH 4
OTHER (SPECIFY)..... 5 _____
DON'T KNOW 8
REFUSED 9

***SR132. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR10b)**

***SR10b 12 MONTH BOX IS CHECKED.....1**
ALL OTHERS.....2 **GO TO *CC1**

*SR133. (RB, PG 55) 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

*SR134. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SERVICES SECTION, *SR20, *SR28, *SR41, *SR49, *SR58, *SR67, *SR75, *SR88, *SR101)

ANY '12 MONTH' BOX IS CHECKED.....1
ALL OTHERS.....2 GO TO *CC1

*SR135. (RB, PG 56) Which of the following statements best describes the relationship between your participation in the self-help group and your seeing a professional about problems with your emotions, nerves, or mental health (or substance use)? Just give me the number.

A PROFESSIONAL RAN THE GROUP 1
A PROFESSIONAL ASKED YOU TO ATTEND THE GROUP AS PART OF YOUR TREATMENT,
BUT THE GROUP WAS NOT RUN BY A PROFESSIONAL..... 2
YOU ATTENDED THE SELF-HELP GROUP AT THE SAME TIME YOU SAW A PROFESSIONAL,
BUT THE TWO WERE NOT RELATED..... 3
YOU ATTENDED THE SELF-HELP GROUP AT A DIFFERENT TIME THAN WHEN YOU SAW A
PROFESSIONAL..... 4
OTHER (SPECIFY)..... 5

DON'T KNOW 98
REFUSED 99

GO TO *CC1