SERVICES (SR)


*D87 EQUALS ‘1’ OR *M48 EQUALS ‘1’ OR *IR71 EQUALS ‘1’ OR *PD65 EQUALS ‘1’ OR *SP41 EQUALS ‘1’, *SO39 EQUALS ‘1’, OR *AG38 EQUALS ‘1’, OR *G59 EQUALS ‘1’ OR *IED33 EQUALS ‘1’ OR *SD13 EQUALS ‘1’ OR *SD26 EQUALS ‘1’ .............................. 1

GO TO *SR3

ALL OTHERS .................................................................................................................... 2

*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

NO ...............................................................5  GO TO *SR9.1

DON’T KNOW .............................................8  GO TO *SR9.1

REFUSED ...................................................9  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

DON’T KNOW .............................................998

REFUSED ....................................................999

*SR4. INTERVIEWER CHECKPOINT (SEE *SR3)

*SR3 EQUALS ‘1’ ..................................................1

ALL OTHERS ..................................................2  GO TO *SR6

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

PAST MONTH.............................................1  GO TO *SR5c

PAST SIX MONTHS.................................2  GO TO *SR5c

PAST YEAR ................................................3  GO TO *SR5c

MORE THAN A YEAR AGO ....................4

DON’T KNOW .............................................8

REFUSED ....................................................9

*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: DAYS ....1 WEEKS ......2 MONTHS .... 3 YEARS ......4

DON’T KNOW ................................. 998
REFUSED ....................................... 999

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 WEEKS .... 2 MONTHS .... 3 YEARS .... 4

DON’T KNOW ................................. 998
REFUSED ....................................... 999

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

_______ YEARS OLD

DON’T KNOW ................................. 998
REFUSED ....................................... 999

*SR8. In the past 12 months, have you been admitted for an overnight stay for problems with 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)?

YES ........................................... 1  GO TO *SR9

NO ............................................. 5

DON’T KNOW ................................. 8

REFUSED ........................................ 9

*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 KNOW ................................. 998  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: DAYS .......1 WEEKS ........2 MONTHS ....... 3 YEARS........4

DON’T KNOW ................................. 998
REFUSED ....................................... 999
*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 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 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

*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 (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use) from any type of professional?

YES ...................................... 1
NO .......................................... 5 GO TO *SR14
DON’T KNOW ......................... 8 GO TO *SR14
REFUSED ............................... 9 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

*D72\, EQUALS\, ‘1’\, OR\, *M33\, EQUALS\, ‘1’\, OR\, *IR56\, EQUALS\, ‘1’\, OR\, *PD50\, EQUALS\, ‘1’\, OR\, *SP27\, EQUALS\, ‘1’\, OR\, *SO25\, EQUALS\, ‘1’\, OR\, *AG24\, EQUALS\, ‘1’,\, OR\, *G44\, EQUALS\, ‘1’\, OR\, *IED29\, EQUALS\, ‘1’\, OR\, *SD12\, EQUALS\, ‘1’\, OR\, *SD25\, EQUALS\, ‘1’.\, ..............................................................1
ALL\, OTHERS.................................................................................................................... ........................2

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

*SR1\, EQUALS\, ‘1’\, OR\, *SR14\, EQUALS\, ‘1’\, OR\, *SR12\, EQUALS\, ‘1’\, OR\, *SR13\, EQUALS\, ‘1’.\, ..............................................................1\, GO\, TO\, *SR17
ALL\, OTHERS.................................................................................................................... ........................2

*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: (IF *SR16 EQUALS ‘1’: Which ones? Just give me the letters. PROBE: Any other? / ALL OTHERS: (RB, PG 26) 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?)

(REC) 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’......................................................................................................................1
*SR17 EQUALS ‘2’ OR *SR17 EQUALS ‘3’ ................................................................................2 GO TO *SR27
*SR17 EQUALS ‘4’......................................................................................................................3 GO TO *SR40
*SR17 EQUALS ‘5’......................................................................................................................4 GO TO *SR48
*SR17 EQUALS ‘6’......................................................................................................................5 GO TO *SR57
*SR17 EQUALS ‘7’......................................................................................................................6 GO TO *SR66
*SR17 EQUALS ‘8’......................................................................................................................7 GO TO *SR74
*SR17 EQUALS ‘9’......................................................................................................................8 GO TO *SR87
*SR17 EQUALS ‘10’.....................................................................................................................9 GO TO *SR100
ALL OTHERS........................................................................................................................10 GO TO *SR128

*SR19. How old were you the first time you talked to a psychiatrist 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

*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 GO TO *SR22
TWO – SIX MONTHS AGO........................2 GO TO *SR22
SEVEN – 12 MONTHS AGO .....................3 GO TO *SR22
MORE THAN 12 MONTHS AGO..............4
DON’T KNOW ............................................ 8 GO TO *SR26
REFUSE .................................................... 9 GO TO *SR26
*SR21. How old were you the last 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 
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 KNOW ......................... 998 GO TO *SR23 
REFUSED ................................. 999 GO TO *SR23 

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

________ MINUTES 
DON’T KNOW ......................... 998 
REFUSED ................................. 999

*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
- DON'T KNOW .................................. 8
- REFUSED ....................................... 9

*SR26. INTERVIEWER CHECKPOINT: (SEE *SR17)

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

*SR27. How old were you the first time you talked to (IF *SR17 EQUALS '1': any other type of medical doctor/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
- 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 GO TO *SR30
- TWO – SIX MONTHS AGO .......... 2 GO TO *SR30
- SEVEN – 12 MONTHS AGO .......... 3 GO TO *SR30
- MORE THAN 12 MONTHS AGO .... 4
- DON'T KNOW ......................... 8 GO TO *SR39
- REFUSED .............................. 9 GO TO *SR39

*SR29. How old were you the last 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
- DON'T KNOW .......... 998
- REFUSED ............... 999

*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?

- YES ............................................. 1
- NO .................................................... 5 GO TO *SR34
- DON'T KNOW ............................. 8 GO TO *SR34
- REFUSED ................................. 9 GO TO *SR34
*SR31. How old were you the first 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  
DON'T KNOW.................998  
REFUSED.......................999  

*SR32. INTERVIEWER CHECKPOINT: (SEE *SR28)  

*SR28 EQUALS ‘1’ – ‘3’........................................................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 *SR17)  

*SR28 EQUALS ‘1’ – ‘3’........................................................1  
ALL OTHERS.................................................................2  GO TO *SR39  

*SR35. How many visits did you make in the past 12 months 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  
DON'T KNOW.................................998  
REFUSED.................................999  

*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 ............... 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
DON’T KNOW ................................................... 8
REFUSED .......................................................... 9

*SR39. INTERVIEWER CHECKPOINT (SEE *SR17)

*SR17 EQUALS ‘4’ ............................................. 1
*SR17 EQUALS ‘5’. ............................................. 2  GO TO *SR48
*SR17 EQUALS ‘6’. ............................................. 3  GO TO *SR57
*SR17 EQUALS ‘7’. ............................................. 4  GO TO *SR66
*SR17 EQUALS ‘8’. ............................................. 5  GO TO *SR74
*SR17 EQUALS ‘9’. ............................................. 6  GO TO *SR87
*SR17 EQUALS ‘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 (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 last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH .................. 1  GO TO *SR43
TWO – SIX MONTHS AGO .......... 2  GO TO *SR43
SEVEN – 12 MONTHS AGO .......... 3  GO TO *SR43
MORE THAN 12 MONTHS AGO ...... 4
DON’T KNOW ..................... 8  GO TO *SR47
REFUSED ......................... 9  GO TO *SR47
*SR42. How old were you the last 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
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 KNOW ...................... 998 \(\rightarrow\) GO TO *SR44
REFUSED .............................. 999 \(\rightarrow\) GO TO *SR44

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

_______ MINUTES

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

*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 \(\rightarrow\) GO TO *SR47
STILL IN TREATMENT .......................... 3 \(\rightarrow\) GO TO *SR47
DON'T KNOW ................................. 8 \(\rightarrow\) GO TO *SR47
REFUSED ......................................... 9 \(\rightarrow\) 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’ ............................... 2  GO TO *SR57
*SR17 EQUALS ‘7’ ............................... 3  GO TO *SR66
*SR17 EQUALS ‘8’ ............................... 4  GO TO *SR74
*SR17 EQUALS ‘9’ ............................... 5  GO TO *SR87
*SR17 EQUALS ‘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 (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

*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  GO TO *SR51
TWO – SIX MONTHS AGO ..................... 2  GO TO *SR51
SEVEN – 12 MONTHS AGO ................... 3  GO TO *SR51
MORE THAN 12 MONTHS AGO ............. 4  GO TO *SR51
DON'T KNOW ................................. 8  GO TO *SR56
REFUSED ......................................... 9  GO TO *SR56

*SR50. How old were you the last 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 your use of alcohol or drugs)]?

______ 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. 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

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
DON’T KNOW ........................................ 8
REFUSED ............................................. 9

*SR56. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘6’ .................................... 1
*SR17 EQUALS ‘7’ ..................................... 2  GO TO *SR66
*SR17 EQUALS ‘8’ .................................... 3  GO TO *SR74
*SR17 EQUALS ‘9’ .................................... 4  GO TO *SR87
*SR17 EQUALS ‘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 (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

*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  GO TO *SR60
TWO – SIX MONTHS AGO ............ 2  GO TO *SR60
SEVEN – 12 MONTHS AGO .......... 3  GO TO *SR60
MORE THAN 12 MONTHS AGO ...... 4
DON’T KNOW ......................... 8  GO TO *SR65
REFUSED ............................. 9  GO TO *SR65

*SR59. How old were you the last 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
DON’T KNOW .............. 998
REFUSED ...................... 999

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.** In which of these locations did you see the counselor?

<table>
<thead>
<tr>
<th>RECORD ALL MENTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. HOSPITAL EMERGENCY DEPARTMENT</td>
<td>1</td>
</tr>
<tr>
<td>B. PSYCHIATRIC OUTPATIENT CLINIC</td>
<td>2</td>
</tr>
<tr>
<td>C. DRUG OR ALCOHOL OUTPATIENT CLINIC</td>
<td>3</td>
</tr>
<tr>
<td>D. PRIVATE OFFICE</td>
<td>4</td>
</tr>
<tr>
<td>E. SOCIAL SERVICE AGENCY OR DEPARTMENT</td>
<td>5</td>
</tr>
<tr>
<td>F. PROGRAM IN JAIL OR PRISON</td>
<td>6</td>
</tr>
<tr>
<td>H. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DURGS</td>
<td>7</td>
</tr>
<tr>
<td>I. CHURCH OR OTHER RELIGIOUS BUILDING</td>
<td>8</td>
</tr>
<tr>
<td>I. OTHER (SPECIFY)</td>
<td>9</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>98</td>
</tr>
<tr>
<td>REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

**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 (IF VOL) STOPPED SEEING ONE COUNSELOR AND IN TREATMENT WITH ANOTHER                      | 1 |
| STILL IN TREATMENT                                                   | 2 |
| DON’T KNOW                                                           | 3 |
| REFUSED                                                              | 4 |

**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 |
*SR65. INTERVIEWER CHECKPOINT (SEE *SR17)

*SR17 EQUALS ‘7’ 1
*SR17 EQUALS ‘8’ 2 GO TO *SR74
*SR17 EQUALS ‘9’ 3 GO TO *SR87
*SR17 EQUALS ‘10’ 4 GO TO *SR100
ALL OTHERS 5 GO TO *SR109

*SR66. How old were you the first time you talked to (IF *SR17 EQUALS ‘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 (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

*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 GO TO *SR69
TWO – SIX MONTHS AGO 2 GO TO *SR69
SEVEN – 12 MONTHS AGO 3 GO TO *SR69
MORE THAN 12 MONTHS AGO 4
DON’T KNOW 8 GO TO *SR73
REFUSED 9 GO TO *SR73

*SR68. How old were you the last time?

______ YEARS OLD
DON’T KNOW 998
REFUSED 999

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 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
DON’T KNOW .......................................................... 8
REFUSED ............................................................ 9

*SR73. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘8’ .................................................. 1
*SR17 EQUALS ‘9’ .................................................. 2 GO TO *SR87
*SR17 EQUALS ‘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 (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 last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH ............................................ 1  GO TO *SR77
TWO – SIX MONTHS AGO ..................... 2  GO TO *SR77
SEVEN – 12 MONTHS AGO ................. 3  GO TO *SR77
MORE THAN 12 MONTHS AGO .......... 4  GO TO *SR77
DON’T KNOW ............................... 8  GO TO *SR86
REFUSED ........................................... 9  GO TO *SR86

*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 *SR75)

*SR75 EQUALS ‘1’ – ‘3’ ............................. 1  GO TO *SR86
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 *SR75)

*SR75 EQUALS ‘1’ – ‘3’ ............................. 1  GO TO *SR86
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 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 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 TREATMENT ......................................................... 3  GO TO *SR86
DON'T KNOW ................................................................. 8  GO TO *SR86
REFUSED ................................................................. 9  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 ............................................................. 8
REFUSED ................................................................. 9
*SR86. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘9’ .................................................. 1
*SR17 EQUALS ‘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 (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

*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  GO TO *SR90
TWO – SIX MONTHS AGO ....... 2  GO TO *SR90
SEVEN – 12 MONTHS AGO ....... 3  GO TO *SR90
MORE THAN 12 MONTHS AGO 4  GO TO *SR90
DON’T KNOW ........................ 8  GO TO *SR99
REFUSED ........................................... 9  GO TO *SR99

*SR89. How old were you the last 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)]?

______ 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 *SR88)

*SR88 EQUALS ‘1’ – ‘3’ .................................................. 1
ALL OTHERS ................................................. 2  GO TO *SR99
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

INTERVIEWER CHECKPOINT: (SEE *SR88)

*SR88 EQUALS ‘1’ – ‘3’ .............................................. 1
ALL OTHERS ......................................................... 2

GO TO *SR99

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

________ VISIT(S)

DON’T KNOW .............................................. 998
REFUSED .................................................... 999

GO TO *SR96

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

________ MINUTES

DON’T KNOW .............................................. 998
REFUSED .................................................... 999

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 YOU WERE MOST SATISFIED WITH

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

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
DON’T KNOW ............................................................ 8
REFUSED ............................................................................... 9

*SR99. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘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 (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 MONTH.................................................. 1  GO TO *SR103
TWO – SIX MONTHS AGO............................... 2  GO TO *SR103
SEVEN – 12 MONTHS AGO......................... 3  GO TO *SR103
MORE THAN 12 MONTHS AGO................. 4
DON’T KNOW .................................................. 8  GO TO *SR109
REFUSED ............................................................. 9  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
HOMEOPATH .........................................................................7
HYPNOTIST ..........................................................................8
GUIDED IMAGERY SPECIALIST .............................................9
MASSEUSE ........................................................................10
SPIRITUALIST/PSYCHIC ......................................................11
YOGA, RELAXATION OR MEDITATION EXPERT .........................12
DIETICIAN ........................................................................13
OTHER (SPECIFY) ..............................................................14

DON’T KNOW ........................................................................98
REFUSED .............................................................................99

**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
DON’T KNOW .................................................................................... 8
REFUSED............................................................................................ 9

GO TO *SR110


*SR5a EQUALS ‘1’–‘3’ OR *SR8 EQUALS ‘1’ OR *SR20 EQUALS ‘1’–‘3’ OR
*SR28 EQUALS ‘1’–‘3’ OR *SR41 EQUALS ‘1’–‘3’ OR *SR49 EQUALS ‘1’–‘3’
OR *SR58 EQUALS ‘1’–‘3’ OR *SR67 EQUALS ‘1’–‘3’ OR *SR75 EQUALS ‘1’–‘3’
OR *SR88 EQUALS ‘1’–‘3’ OR *SR101 EQUALS ‘1’–‘3’................................. 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 (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 ‘1’: 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 (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................................................................. 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 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 ............................................................................. 8
REFUSED .................................................................................. 9

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 ................................................ 8
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  YEARS .... 4

DON’T KNOW ........................................ 998
REFUSED .................................................. 999
*SR115. INTERVIEWER CHECKPOINT: (SEE *SR114)

*SR114 EQUALS AT LEAST FOUR WEEKS ................................. 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?

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SR116a. My health insurance would not cover treatment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116b. I thought the problem would get better by itself.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116c. The problem didn’t bother me very much at first.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116d. I wanted to handle the problem on my own.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116e. I didn’t think treatment would work.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116f. I received treatment before and it didn’t work.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116g. I was concerned about how much money it would cost.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116h. I was concerned about what people would think if they found out I was in treatment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116i. I had problems with things like transportation or scheduling that made it hard to get to treatment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116j. I was unsure about where to go or who to see.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116k. I thought it would take too much time or be inconvenient.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116l. I could not get an appointment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116m. I was scared about being put in a hospital against my will.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR116n. I was not satisfied with available services.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*SR117. Were there any other important reasons for your delay that I didn’t ask about?

YES ................................1
NO ..................................5  GO TO *SR118
DON’T KNOW ...............8  GO TO *SR118
REFUSED .....................9  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)..............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 KNOW .................................................................98
REFUSED .................................................................99


*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
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.

<table>
<thead>
<tr>
<th>(IF NEC: Was that one of your reasons for quitting?)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (8)</th>
<th>RF (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SR120a. You got better.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120b. You didn’t need help anymore.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120c. You were not getting better.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120d. You wanted to handle the problem on your own.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120e. You had bad experiences with the treatment providers.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120f. You were concerned about what people would think if they found out you were in treatment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120g. You were treated badly or unfairly.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120h. The therapist or counselor left or moved away.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120i. You felt out of place.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120j. The policies were a hassle.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120k. There were problems with lack of time, schedule change, or lack of transportation.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120l. You moved.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120m. Treatment was too expensive.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120n. Your health insurance would not pay for more treatment.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>*SR120o. Your family wanted you to stop.</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
*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 (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: 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 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?

1. R Didn’t think he/she had a problem .........................................................
2. R had a problem, but thought he/she could handle it on his/her own ........................................
3. R thought that he/she needed help but didn’t believe professional treatment would be helpful ........................................
4. Other (specify) ....................................................................................

5. Don’t know ..........................................................................................
6. Refused ..............................................................................................

*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 (IF *SC26.2 equals ‘1’ or *SC26.3 equals ‘1’ or *SC26.4 equals ‘1’: or your use of alcohol or drugs)?

1. Yes ..............................................................................................
2. No .........................................................................................
3. Don’t know ............................................................................... 
4. Refused ......................................................................................

*SR125. Interviewer checkpoint (see *SR122a)

1. *SR122a equals at least ‘4’ weeks ......................................
2. All others ................................................................................

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.

<table>
<thead>
<tr>
<th>SR126a.</th>
<th>My health insurance would not cover this type of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126b.</td>
<td>The problem went away by itself, and I did not really need help.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126c.</td>
<td>I thought the problem would get better by itself</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126d.</td>
<td>I was concerned about how much money it would cost.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126e.</td>
<td>I was unsure about where to go or who to see.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126f.</td>
<td>I didn’t think treatment would work.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126g.</td>
<td>I was concerned about what others might think if they found out I was in treatment.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126h.</td>
<td>I thought it would take too much time or be inconvenient.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126i.</td>
<td>I wanted to handle the problem on my own.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126j.</td>
<td>I could not get an appointment.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126k.</td>
<td>I was scared about being put into a hospital against my will.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126l.</td>
<td>I was not satisfied with available services.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126m.</td>
<td>I received treatment before and it did not work.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126n.</td>
<td>The problem didn’t bother me very much.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>*SR126o.</td>
<td>I had problems with things like transportation, childcare, or scheduling that would have made it hard to get to treatment.</td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>

*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
*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)?

YES ................................1
NO..................................5 GO TO \*SR131
DON’T KNOW ..........8 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 ............................................................................7
HOMEOPATHY ..........................................................................................................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)

\*SR128a EQUALS ‘6’ .......................................................... 1
ALL OTHERS............................................................... 2 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

DON’T KNOW ............................998
REFUSED ..................................999

*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 .................................................................................................................. .................................4
COUNSELOR ....................................................................................................................... .................................5
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 ........................................................................................................................................ .................................9
OTHER ALTERNATIVE PROVIDER (e.g., SPIRITUALIST, NATIVE HEALER, ENERGY HEALER)................................................................................................................................. .................................10
OTHER (SPECIFY) .................................................................................................................. .................................11

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 KNOW .........................998
REFUSED ............................999
*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 *SR10b)

*SR10b EQUALS ‘1’ – ‘3’ ............................................. 1
ALL OTHERS ............................................................. 2  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
*SR134. INTERVIEWER CHECKPOINT: (SEE *SR20a - *SR20g)

*SR20 EQUALS ‘1’ – ‘3’ OR *SR28 EQUALS ‘1’ – ‘3’ OR
*SR41 EQUALS ‘1’ – ‘3’ OR *SR49 EQUALS ‘1’ – ‘3’ OR
*SR58 EQUALS ‘1’ – ‘3’ OR *SR67 EQUALS ‘1’ – ‘3’ OR
*SR75 EQUALS ‘1’ – ‘3’ OR *SR88 EQUALS ‘1’ – ‘3’ OR
*SR101 EQUALS ‘1’ – ‘3’ .................................................................1
ALL OTHERS......................................................................................2  GO TO *PH1, NEXT SECTION

*SR135. (RB, PG 33) 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 (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: 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................................................................................................................................. 8

REFUSED................................................................................................................................. 9

GO TO *PH1, NEXT SECTION