

Attachment T

Follow-up Study Description



**U.S. Public Health Service
Center for Behavioral Health
Statistics and Quality**

Follow-up Study Description

You have been randomly chosen for this special study for the 2012 National Survey on Drug Use and Health. This study, sponsored by the United States Public Health Service, will ask questions about various mental health issues such as depression, anxiety, post traumatic stress disorder and substance dependence. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

If you agree to participate in this follow-up interview, your first name and telephone number will be collected but will be used only for re-contact purposes. Your name and telephone number will not be included on the interview forms on which your answers will be written, or on any interview audio files that might be recorded. While the interview has some personal questions, federal law protects the privacy of your answers and requires us to keep all of your answers confidential. Any data that you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes on average an hour to complete. Your participation is voluntary. You may consider some of the questions to be sensitive in nature and some of the questions also may make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, the interviewer can again provide you with the toll-free hotline numbers that are printed on your payment receipt from the first interview. **If you agree to complete the interview, you will receive \$30 today.**

If you have questions about the study, call the Project Representative at 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Michael Jones, Project Officer
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Public Health Service
Department of Health and Human Services
1-240-276-1274

Attachment U

Introduction to Clinical Followup Interview

Introduction to Clinical Interview

Before you call, **be prepared:**

- Review the assignment information provided including the respondent name, telephone number, as well as the date of the initial interview.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of the U.S. Public Health Service. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [FIRST NAME] who agreed to take part in a telephone interview we're conducting. May I speak to [FIRST NAME]?

IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE 51 AND DETAILS IN CMS.
Thank you for your time. END CALL.

IF R AVAILABLE

(Hi, my name is _____.)

You recently completed an interview in your home with an interviewer working on the National Survey on Drug Use and Health. I am the interviewer you were told would contact you for a follow-up telephone interview. Do you recall completing the first interview?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT RESPONDENT, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL INITIAL INTERVIEW,
REMIND OF DATE OF INITIAL INTERVIEW.

IF CORRECT RESPONDENT STILL NOT FOUND: I apologize. I need to double check my records. Thank you for your time. END CALL. ENTER CODE 59 AND INVESTIGATE.

Are you in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: Are you able to move to a place where you can safely talk?

YES: PAUSE, THEN CONTINUE

NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS. Thank you for your time. END CALL.

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS.
Thank you for your time. END CALL.

PRIVACY

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're in a private area. Where are you right now? Are you at home, at work, or somewhere else? Are you in an area where you can answer these questions privately?

YES: PROCEED

NO: Please consider moving to a more private area. Do you need more time?

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

INFORMED CONSENT

Before we begin, I would like to remind you of the study details. This study, sponsored by the United States Public Health Service, asks questions about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States. While the interview has some personal questions, federal law keeps your answers private. The only exception to this promise of confidentiality is if you tell me that you intend to seriously harm yourself or someone else; in this situation I may need to notify a mental health professional or other authorities.

Your participation is voluntary. You may consider some of the questions to be sensitive in nature and some of the questions may also make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers that are printed on your payment receipt from the first interview. It is important for you to keep in mind that I will not be providing you with a psychological diagnosis or any mental health advice or counseling. The information we are collecting today is only for research purposes.

These study details are also included on the Follow-up Study Description you received from the interviewer who met with you in your home. Do you have any questions before we begin?

ANSWER ANY RESPONDENT QUESTIONS.

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

IF R STILL UNWILLING TO PARTICIPATE: Thank you for your time. END CALL.

RECORDING PERMISSION

In order to ensure that I am conducting this interview accurately and properly, I would like to make an electronic audio recording of this interview. This is done strictly for quality control purposes. The recording will only be listened to by staff members on the project who have signed confidentiality pledges. The recording will be stored in a secure manner and will not contain your name—only a random number that will be assigned to this case. To help maintain confidentiality, we ask that you not give your name or any other identifying information, such as an address or place of business, during the interview. All recordings will be permanently destroyed within eighteen months after the end of the data collection period. You can still do the interview if you do not want me to record it.

Do you agree to allow me to record the interview?

YES: I will now begin recording. START RECORDING AND SAY: “This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE].”

NO: DON'T RECORD

Ok, let's get started.

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR RESEARCH PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL LIFELINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE LIFELINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.