

**CMHS Jail Diversion and Trauma Recovery Initiative  
 Priority to Veterans**  
 \*\*\*\*\*  
**Six Month Interview- 9.1.10**

|  |   |
|--|---|
| <b>6-Month Interview Date:</b> ____/____/____<br>MM DD YYYY                          |   |
| <b>Study ID#:</b> ____-____-____-____<br>(Site Code) (Prog #) (Grp #) (Subject ID #) |   |
| <b>Interviewer Name:</b> _____   | <b>Interviewer ID:</b> ____                     |
| <b>Date of Baseline Interview:</b> ____/____/____<br>MM DD YYYY                      |   |
| <b>Interview Type</b> ____   | 1. Admission    2. Six month    3. Twelve Month |

| Site Code         | Program Pilot   | Group Code Number         |
|-------------------|-----------------|---------------------------|
| 01. Connecticut   | 1. Pilot Site 1 | 1. Pre-booking Diversion  |
| 02. Colorado      | 2. Pilot Site 2 | 2. Post-booking Diversion |
| 03. Georgia       | 3. Pilot Site 3 | 3. Probation/Parole       |
| 04. Illinois      | 4. Pilot Site 4 | Violation                 |
| 05. Massachusetts | 5. Pilot Site 5 |                           |
| 06. Vermont       | (TBD with       |                           |
| 07. Florida       | sites)          |                           |
| 08. New Mexico    |                 |                           |

| Location of Interview   |   |
|---|---|
| 1. Community setting (e.g. any residence, restaurant, research offices, university, outdoors)<br>2. Services Site (e.g. Hospital, Treatment facility/program, Shelter, Transitional housing)<br>3. Jail<br>4. Court<br>5. Other<br>(specify: _____) | <b>Was anyone else present during the interview?</b><br>1. Yes<br><br>2. No<br><br><b>If Yes- who?</b><br>_____ |

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0277. Public reporting burden for this collection of information is estimated to average 55 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

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## **Interviewer Instructions**

This interview form comprises the questions that are being collected across all study sites. This part should be administered to the respondent in its entirety prior to your project specific interview.

1. There is a short introductory paragraph that should be adapted to your project's study, program, and consent process. Please take time to review it prior to beginning the interview.
2. Read all questions exactly as they are worded so that each respondent is asked the same questions in the same manner.
3. Responses in capital letters should not be read to respondents. Instructions to the interviewer are in italics. Also, NEVER read 'NA' 'RF' or 'DK' response categories.
4. If paper interview is being administered, please be sure to review the entire instrument for completeness and accuracy of recording. Specifically, review the interview for: missing data, recording errors and inconsistencies, complete cover page information, and legibility.

## Glossary

| <b>Term</b>  | <b>Definition</b>   |
|--|---|
| <b>Active Duty</b>                                     | Military members who are currently serving full time in their military capacity, with military pay and allowances in the armed forces.  |
| <b>Adequate</b>  | Enough or good enough.  |
| <b>Advocate</b>  | To support or speak in favor of something.  |
| <b>Alimony</b>   | An allowance that a court orders paid by one's spouse or former spouse as a part of a legal separation or divorce.  |
| <b>Combat Zone</b>                                     | A zone designated by the President by Executive order, it is a specific geographical area defined as an area of armed conflict.   |
| <b>Competitive Employment</b>                          | Work in the competitive labor market that is performed on a full-time basis and paid no less than wages for same or similar work performed by individuals who are not disabled. |
| <b>Concentrate</b>                                     | Focusing attention on something.  |
| <b>Conviction</b>                                      | Being found guilty of a crime.  |
| <b>Crisis or Respite Program--</b>                     | A system that provides regular or special relief to persons or families providing care for persons unable to care for themselves.   |
| <b>Criticize</b>                                       | To judge, negatively or unfavorably, to find fault.   |
| <b>Deployment</b>                                      | Deployment is in preparation for battle or work including peace keeping or training.  |
| <b>Family, Partner, Significant Other Contribution</b> | Voluntary contribution separate from court-ordered child support.   |
| <b>Foster Care</b>                                     | A situation in which a child or children are raised by people other than their biological parents or adoptive parents.  |
| <b>Group Home1</b>                                     | An institution for the care and housing of persons with mental illness &/or substance abuse problems.   |
| <b>Group Home2</b>                                     | A non-secure program in which a group of young people (under the age of 18) live and receive services at the program facility under the supervision of adult staff.             |
| <b>Guilty</b>  | Feelings or awareness of having done something wrong.   |
| <b>Hotel or Motel</b>                                  | An establishment that provides lodging, paid for either by the Individual or system/shelter/program.  |
| <b>Inpatient Treatment</b>                             | Treatment that requires at least on overnight stay at a facility.   |

|   |  |
|---|--|
| <b>Intoxication</b>                           | <p>(<i>Alcohol intoxication</i>) the quantity of alcohol the person consumes exceeds the individual's tolerance for alcohol and produces behavioral or physical abnormalities. In other words, the person's mental and physical abilities are impaired.</p> <p>(<i>Drug intoxication</i>) excessive dosage (varies from individual to individual) of drug can cause undesirable side effects.</p>                                  |
| <b>Jail/Prison/Detention Center</b>           | A state or federal confinement facility having custodial authority over adults sentenced to confinement; a confinement facility administrated by an agency of local government, typically a law enforcement agency, entered for adults but sometimes also containing juveniles, which holds persons detained pending sentencing and/or persons committed after sentencing, usually those committed on sentences of a year or less. |
| <b>Job Training</b>                           | Training whose main objective is to prepare people for a work.   |
| <b>Medicaid &amp; Medicare</b>                | Health care programs funded by the federal and state governments that pay the medical expenses of people who are unable to pay some or all of their own expenses.  |
| <b>Moderate</b>                               | Not great or severe - in the middle of mild and severe.  |
| <b>National Guard/Reserve</b>                 | Civilian military recruited by stated and equipped by the government that can become part of the national army if there is war or national emergency.  |
| <b>Necessities</b>                            | Items to meet basic needs, such as personal care items (e.g. deodorant, shampoo).  |
| <b>Outpatient</b>                             | Treatment that takes place without the client being checked into a hospital or treatment center. This treatment may take place in an office, clinic or other type of care facility.  |
| <b>Probation</b>                              | A punishment given out as part of a sentence where instead of jailing a person, she/he is released to the community subject to certain conditions and is under the supervision of the court  |
| <b>Program Staff</b>                          | Employees of the housing/treatment program   |
| <b>Recreational Services</b>                  | Services involving some form of play, amusement or relaxation.   |
| <b>Restraining Order/ Order of Protection</b> | No contact and order of protection are court orders that prohibits a person from having any kind of contact with another individual usually the victim of a crime.   |
| <b>Self-help/ Peer Support</b>                | Self-help and peer support refers to activities organized by people with psychiatric diagnoses (or other characteristics in common) to share their strengths and help each other cope and grow. It does <b>not</b> include support groups led by service providers who are not peers.  |
| <b>Service-Connected Disability</b>           | A disability that the US VA has determined was incurred or aggravated in the line of duty during active military, naval or air service.  |
| <b>Sheltered Workshop</b>                     | Subsidized work where an individual is paid a stipend by a program or agency, because she is unable to work in a competitive work setting.   |
| <b>Staff</b>                                  | People who are paid to provide various services to individuals.  |

|   |  |
|---|--|
| <b>Supported Housing or Certified Apartment Program</b> | Services that assist individuals in finding and maintaining appropriate housing arrangements.  |
| <b>Tour of Duty</b>                                     | A period of time in which those enrolled in the armed forces spend in combat or performing operational duties for their Armed Forces branch. Tours of duty can be anywhere from 5 months or to several years.  |
| <b>Transitional Housing</b>                             | It is a type of housing that is used to assist the movement of homeless individuals and families to permanent housing. In general, transitional housing is time-limited, provides services beyond survival services, it generally offers more privacy than a shelter, and is viewed as a step between shelter and permanent housing. |
| <b>Traumatic</b>  | Painfully emotional or shocking, often producing lasting psychological effects.  |
| <b>V.A.</b>   | The United States Department of Veterans Affairs (VA) is a government-run military veteran benefit system. It is responsible for administering programs of veterans' benefits for veterans, their families, and survivors.   |
| <b>Vocational Trade/Tech Diploma</b>                    | Education, training, a school, etc. intended to prepare one for an occupation or trade, such as nurses' assistant, electrician, mechanic, etc.   |

## Introduction

### ***Interviewer read to respondent\****

Hi, I'm (your name) and I work for the Jail Diversion Evaluation Study. This study is funded by the Center for Mental Health Services within the federal government. The findings from this study will be used to improve jail diversion programs. Thank you for agreeing to talk with me today. I appreciate your time and cooperation in participating in this interview and the study. After the completion of your six month interview, the final follow-up interview in about 6 months.

Your answers will be kept private and will in no way affect your legal status or any other services or money you receive. The information you give will only be seen by research staff.

Before we start, I wanted to review a few things. First, you should know that your participation is completely voluntary – you do not need to do this interview and if you decide not to, it will not affect any services you receive or your standing in the diversion program. Also, you can choose not to answer any question I ask, or stop the interview at any time. Second, this interview asks a lot of personal questions, some of which may be difficult to think about. Please let me know if you are feeling upset, or need a break. Before we start, please read and sign this consent form.

**[HAND RESPONDENT INFORMED CONSENT FORM, REVIEW IT WITH THEM, AND ASK THEM TO SIGN IT]**

Thank you. Do you have any questions? *(If so, note questions and responses).*

Okay, let's start. I'm going to read you a set of questions exactly as they are worded so that each person is asked the same questions. In some cases, you'll be asked to answer questions in your own words and I'll write down your answers. In other cases, you'll be given a list of answers and asked to choose the one that is best for you. We are interested in your personal opinions about these questions. There are no right or wrong answers. Please take your time. Feel free to ask me questions if you are not sure what is wanted. Some of the questions I will ask you may sound repetitive or may not apply to you, but I have to ask them anyway. Remember that your answers are private.

This interview will last about 45 minutes. I will need to keep things moving along so I hope that I do not sound rude if I tell you we need to move on to the next question.

If at any time you feel you need to take a break or stop the interview. Please let me know.

Now, I think we are ready to begin. I am going to ask you some questions about yourself. Sometimes I will ask you about a specific time frame, like the past week or the last 30 days, and sometimes I will ask you about things that have happened during your lifetime. I'll try to be clear, but please ask me if you are not sure about the time period involved. Do you have any questions before we begin?

# 1. Education, Employment and Income

In the first few questions, I will be asking you about your current activities, including school, job training and work.

E1. Are you currently enrolled in school or a job training program?

1. Not Enrolled
2. Enrolled Full Time
3. Enrolled Part-time
4. Other (*Specify:* \_\_\_\_\_)
7. DK
8. REFUSED

E2. What is the highest level of education you have finished, whether or not you received a degree?

1. less than 12<sup>th</sup> grade
2. 12<sup>th</sup> grade/High School diploma/Equivalent (GED)
3. VOC/Tech Diploma
4. Some College or University
5. Bachelor's Degree (BA, BS)
6. Graduate Work/Graduate Degree
7. DK
8. REFUSED

E3. Are you currently employed?

*[Clarify by focusing on status during most of the previous week, BEFORE the arrest or incident for which the client was diverted, determining whether client worked at all or had a regular job but was off of work]*

1. EMPLOYED FULL TIME (35 HOURS PER WEEK)
2. EMPLOYED PART TIME
3. UNEMPLOYED, LOOKING FOR WORK
4. UNEMPLOYED, DISABLED
5. UNEMPLOYED, VOLUNTEER WORK
6. UNEMPLOYED, RETIRED
7. OTHER, SPECIFY \_\_\_\_\_
97. DK
98. REFUSED

| E4. IF EMPLOYED,   | YES | NO | DK | RF |
|--|-----|----|----|----|
| a. Are you paid at or above minimum wage?                | 1   | 2  | 7  | 8  |
| b. Are your wages paid directly to you by your employer? | 1   | 2  | 7  | 8  |
| c. Could anyone have applied for this job?               | 1   | 2  | 7  | 8  |



E5.

I am going to read you a list of possible sources of money that you may have received in the past 30 days. Approximately, how much did YOU receive in the past 30 days from ...

*[Interviewer: Unless otherwise specified, all questions refer to pre-tax individual income]*

| <i>[Repeat as needed]</i> In the past 30 days, did you receive...   | YES | NO | DK | RF | <i>(If YES, ask) How much?</i> |
|---|-----|----|----|----|--------------------------------|
| a. Wages or money from paid employment. This includes any wages or money received from legal <u>AND</u> "under the table" employment. | 1   | 2  | 7  | 8  | _____                          |
| b. SSI, SSDI, or Disability (non-veteran)   | 1   | 2  | 7  | 8  | _____                          |
| c. Social Security Income (SSA)   | 1   | 2  | 7  | 8  | _____                          |
| d. Food Stamps  | 1   | 2  | 7  | 8  | _____                          |
| e. Public assistance or other benefits, such as welfare, general assistance, or TANF <i>(Temporary Assistance to Needy Families)</i>  | 1   | 2  | 7  | 8  | _____                          |
| f. Veteran's benefits(including disability or other compensation)   | 1   | 2  | 7  | 8  | _____                          |
| g. Unemployment or Worker's Compensation  | 1   | 2  | 7  | 8  | _____                          |
| h. Child support or alimony   | 1   | 2  | 7  | 8  | _____                          |
| i. Income from a spouse or partner's wages or other money   | 1   | 2  | 7  | 8  | _____                          |
| j. Money from family members or friends to buy food, pay rent, get medical care or anything else                                      | 1   | 2  | 7  | 8  | _____                          |
| k. Retirement   | 1   | 2  | 7  | 8  | _____                          |
| l. Income from other sources that I did not mention<br><i>[If YES, specify source(s)]</i><br>_____ ]                                  | 1   | 2  | 7  | 8  | _____                          |

E6A. In the past 30 days, how many:

|  | Number of nights/times? | DK | RF |
|--|-------------------------|----|----|
| i. nights have you been homeless   | _____ nights/times      | 7  | 8  |
| ii. nights have you spent in a hospital for mental health care?                        | _____ nights/times      | 7  | 8  |
| iii. nights have you spent in a facility for detox/inpatient or residential treatment? | _____ nights/times      | 7  | 8  |
| iv. nights have you spent in a correctional facility, including jail or prison         | _____ nights/times      | 7  | 8  |
| ITEMS i-iv cannot add up to more 30 nights.  |                         |    |    |
| v. times have you gone to an emergency room for a psychiatric or emotional problems    | _____ nights/times      | 7  | 8  |

E6. In the past 30 days, where have you been living most of the time?

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Owned or Rented house, apartment, trailer, room</li> <li>2. Someone else's house, apartment, trailer, room</li> <li>3. Homeless (Shelter, Street/Outdoors, Park)</li> <li>4. Group Home<sup>1</sup></li> <li>5. Adult Foster Care</li> <li>6. Transitional Living Facility</li> <li>7. Hospital (Medical)</li> <li>8. Hospital (Psychiatric)</li> </ol> | <ol style="list-style-type: none"> <li>9. Correctional Facility (Jail/Prison)</li> <li>10. VA Hospital</li> <li>11. Nursing Home</li> <li>12. Veteran's Home</li> <li>13. Military Base</li> <li>14. Detox/Inpatient or residential substance abuse treatment facility</li> <li>15. Other Housed, Specify: _____</li> <li>97. DK</li> <li>98. REFUSED</li> </ol> |
|---|--|

E7. If Homeless, is that...

1. In a homeless shelter
2. On the street or some place like an abandoned building, park or car
7. DK
8. REFUSED

## **2. Military Service Questions**

Now I am going to ask you some questions about your military service.

- M1. Did you serve in the US Armed Forces?
1. YES
  2. NO (*SKIP TO SECTION 3, page 14*)
  7. DK
  8. REFUSED

- 
- M2. Are you... (read choices)
1. Still in the Military (*SKIP TO SECTION 3, page 14*)
  2. Separated from service
  7. DK
  8. REFUSED

- 
- M3. If separated from service, which best describes your current military status?
1. Retired
  2. Discharged with Severance or Military Disability Payments
  3. Discharged without severance or Payment
  4. Other: \_\_\_\_\_
  7. DK
  8. REFUSED

- 
- M4. When were you last discharged from the military?
- \_\_\_\_\_ (Month)  
\_\_\_\_\_ (Year)

Please provide the month and year.

- 
- M5. What type of discharge did you receive?
1. Honorable (includes discharges that have been converted to honorable since leaving the military)
  2. General (honorable conditions)
  3. General (other than honorable)
  4. Undesirable
  5. Bad conduct
  6. Dishonorable
  7. Medical (including Section 8)
  97. DK
  98. REFUSED

- 
- M6. Do you have a VA determined Service-Connected Disability?
1. YES
  2. NO
  7. DK
  8. REFUSED



M19. Were you ever a prisoner of war?

1. YES
  2. NO
  7. DK
  8. REFUSED
- 

Thank you for answering these questions

*<Interviewer- Initiate Safety Protocol Check>*

### 3. Drug and Alcohol Use

The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or doses other than prescribed.

| In the past 30 days, how often have you used.....   | Never | Once or Twice | Weekly | Daily or almost daily | DK | RF |
|---|-------|---------------|--------|-----------------------|----|----|
| SA5. tobacco products (cigarettes, chewing tobacco, cigars, etc)  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA6. Alcoholic beverages (beer, wine, liquor)   | 0     | 1             | 2      | 3                     | 7  | 8  |
| IF Question SA6>= ONCE OR TWICE AND RESPONDENT IS MALE, ask SA7.  |       |               |        |                       |    |    |
| IF Question SA6>= ONCE OR TWICE AND RESPONDENT IS NOT MALE, ask SA8.  |       |               |        |                       |    |    |
| SA7. How many times in the past 30 days have you had five or more drinks in a day?  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA8. How many times in the past 30 days have you had four or more drinks in a day?  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA9. Cannabis (marijuana, pot, grass, hash, etc)  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA10. Cocaine (coke, crack, etc)?   | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA11. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)                                    | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA12. Methamphetamine (speed, crystal meth, ice, etc).  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA13. Inhalants (nitrous oxide, glue, gas, paint thinner, etc)  | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA14. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc)                             | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA15. Hallucinogens (LSD, acid, mushroom, PCP, Special K, ecstasy, etc)   | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA16. Street opioids (heroin, opium, etc)   | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA17. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocone [Vicodin], methadone, buprenorphine, etc)? | 0     | 1             | 2      | 3                     | 7  | 8  |
| SA18. Other- specify:   | 0     | 1             | 2      | 3                     | 7  | 8  |

#### **4. Criminal Justice Questions**

Next, I am going to ask you about arrests and nights you have spent in jail in the past 30 days.

CJ1. In the past 30 days, how many times have you been arrested?

\_\_\_\_\_ # times arrested

97. DK

98. REFUSED

---

CJ2. Does someone currently have a restraining order, no contact order or an order of protection against you?

1. YES

2. NO

7. DK

8. REFUSED

---

CJ3. Since the baseline interview (that is since Baseline Date), have you been under probation, parole or court supervision as a condition of your diversion?

1. YES

2. NO

7. DK

8. REFUSED

---

## 5. Functioning

F1A. How would you rate your overall health right now?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DK
8. REFUSED

In order to provide the best possible mental health services, we need to know what you think about how well you were able to deal with your everyday life during the last 30 days. Please indicate your disagreement/agreement with each of the following statements.

| Statement                                      | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Refuse | N/A |
|--|-------------------|----------|-----------|-------|----------------|--------|-----|
| F1. I deal effectively with my daily problems. | 1                 | 2        | 3         | 4     | 5              | 8      |     |
| F2. I am able to control my life.              | 1                 | 2        | 3         | 4     | 5              | 8      |     |
| F3. I am able to deal with crisis              | 1                 | 2        | 3         | 4     | 5              | 8      |     |
| F4. I am getting along with my family          | 1                 | 2        | 3         | 4     | 5              | 8      | 9   |
| F5. I do well in social situations.            | 1                 | 2        | 3         | 4     | 5              | 8      |     |
| F6. I do well in school and/or work.           | 1                 | 2        | 3         | 4     | 5              | 8      | 9   |
| F7. My housing situation is satisfactory       | 1                 | 2        | 3         | 4     | 5              | 8      |     |
| F8. My symptoms are not bothering me           | 1                 | 2        | 3         | 4     | 5              | 8      |     |

The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

| In the past 30 days, how often did you feel.....   | All of the time | Most of the time | Some of the Time | A Little of the Time | None of the Time | DK | RF |
|--|-----------------|------------------|------------------|----------------------|------------------|----|----|
| F9. nervous?                                       | 0               | 1                | 2                | 3                    | 4                | 7  | 8  |
| F10. hopeless?                                     | 0               | 1                | 2                | 3                    | 4                | 7  | 8  |
| F11. restless or fidgety                           | 0               | 1                | 2                | 3                    | 4                | 7  | 8  |
| F12. so depressed that nothing could cheer you up? | 0               | 1                | 2                | 3                    | 4                | 7  | 8  |
| F13. that everything was an effort                 | 0               | 1                | 2                | 3                    | 4                | 7  | 8  |



|                |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|
| F14. worthless | 0 | 1 | 2 | 3 | 4 | 7 | 8 |
|----------------|---|---|---|---|---|---|---|

## 6. Social Connectedness

Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with person other than your mental health provider in the past 30 days.

| Statement   | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Refuse |
|---|-------------------|----------|-----------|-------|----------------|--------|
| SC1. I am happy with the friendships I have.                              | 1                 | 2        | 3         | 4     | 5              | 8      |
| SC2. I have people with whom I can do enjoyable things.                   | 1                 | 2        | 3         | 4     | 5              | 8      |
| SC3. I feel I belong in my community.                                     | 1                 | 2        | 3         | 4     | 5              | 8      |
| SC4. In a crisis, I would have the support I need from family or friends. | 1                 | 2        | 3         | 4     | 5              | 8      |

## **7. Traumatic Events**

Now I am going to ask you some questions about events that may have happened in the past 6 months that are upsetting or stressful to most people. Some of these questions may not apply to you, but I have to ask them as is. Please think back over the past 6 months or since your last interview on \_\_ \_\_/\_\_ \_\_/ \_\_ \_\_. Please do not include any experiences in military combat situations. Some of these questions may be about upsetting events people don't usually talk about. Your answers are important to us, BUT you DO NOT have to answer any questions that you do not want to. Also, remember that your answers are completely private and will be used only for research purposes.

|  | <u>YES</u> | <u>NO</u> | <u>DK</u> | <u>RF</u> | <u>NA</u> |
|--|------------|-----------|-----------|-----------|-----------|
| TE1. In the past 6 months, have you witnessed someone seriously injured or killed due to an unnatural event such as a shooting, stabbing, or hit-and-run accident?   | 1          | 2         | 7         | 8         | 9         |
| TE2. In the past 6 months, have you witnessed a physical or sexual assault against a family member, friend, or other significant person?   | 1          | 2         | 7         | 8         | 9         |
| TE3. In the past 6 months, has an immediate family member, partner, or very close friend died as a result of an accident, homicide, suicide, or in a war?  | 1          | 2         | 7         | 8         | 9         |
| TE4. In the past 6 months, have you been stripped searched, forcibly restrained, or held against your will, including in a jail or hospital, by a provider of mental health or substance abuse services or by someone else?                        | 1          | 2         | 7         | 8         | 9         |
| TE5. In the past 6 months, have you experienced physical violence, such as being slapped, kicked, bitten, hit, choked, strangled, smothered, or being threatened or assaulted with a weapon by <u>someone you did not know</u> ?                   | 1          | 2         | 7         | 8         | 9         |
| TE6. In the past 6 months, have you experienced physical violence, such as being slapped, kicked, bitten, hit, choked, strangled, smothered, or being threatened or assaulted with a weapon by <u>someone you knew</u> ?                           | 1          | 2         | 7         | 8         | 9         |
| TE7. In the past 6 months, have you experienced sexual assault or sexual molestation, such as being forced to touch yours or someone else's private parts, forced to have sex or any other sexual molestation by <u>someone you did not know</u> ? | 1          | 2         | 7         | 8         | 9         |
| TE8. In the past 6 months, have you experienced sexual assault or sexual molestation, such as being forced to touch yours or someone else's private parts, forced to have sex or any other sexual molestation by <u>someone you knew</u> ?         | 1          | 2         | 7         | 8         | 9         |

**<Interviewer- Initiate Safety Protocol Check>**

## **8. Posttraumatic Stress Disorder Checklist (PCL-C)<sup>2</sup>**

I'm going to read a list of problems and complaints people sometimes have in response to stressful life experiences. For each item, please tell me how much you've been bothered by that problem in the past month.

| <b>In the past month how much have you been bothered by...</b>  | <b>Not at all</b> | <b>A little bit</b> | <b>Moderately</b> | <b>Quite a bit</b> | <b>Extremely</b> | <b>DK</b> | <b>RF</b> |
|---|-------------------|---------------------|-------------------|--------------------|------------------|-----------|-----------|
| TR1. Repeated disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?  | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR2. Repeated, disturbing dreams of a stressful experience from the past?   | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR3. Suddenly acting or feeling as if a stressful experience from the past <i>were happening again</i> (as if you were reliving it)?                                | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?  | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR5. Having <i>physical reactions</i> (e.g heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience from the past? | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR6. Avoiding <i>thinking about</i> or <i>talking about</i> a stressful experience from the past?   | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR7. Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of a stressful experience from the past?                                      | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR8. Trouble <i>remembering important parts</i> of a stressful experience from the past?  | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |
| TR9. <i>Loss of interest</i> in activities that you used to enjoy?  | 1                 | 2                   | 3                 | 4                  | 5                | 7         | 8         |

<sup>2</sup> Weathers, Litz, Huska, & Keane; National Center for PTSD - Behavioral Science Division.

| In the past month how much have you been bothered by...   | Not at all | A little bit | Moderately | Quite a bit | Extremely | DK | RF |
|---|------------|--------------|------------|-------------|-----------|----|----|
| TR10. Feeling <i>distant</i> or <i>cut off</i> from other people?                                     | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you? | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?                             | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR13. Trouble <i>falling</i> or <i>staying asleep</i> ?   | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?                                     | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR15. Having <i>difficulty concentrating</i> ?  | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR16. Being " <i>super-alert</i> " or watchful or on guard?   | 1          | 2            | 3          | 4           | 5         | 7  | 8  |
| TR17. Feeling <i>jumpy</i> or easily startled?  | 1          | 2            | 3          | 4           | 5         | 7  | 8  |

## 9. BASIS 24<sup>3</sup>

This section of the interview asks about how you are feeling and doing in different areas of life. Please indicate which response describes yourself in the PAST WEEK. If you are unsure about how to answer, please give the best answer you can.

| During the PAST WEEK, how much difficulty did you have..... | No difficulty | A little difficulty | Moderate Difficulty | Quite a bit of difficulty | Extreme difficulty | DK | RF |
|---|---------------|---------------------|---------------------|---------------------------|--------------------|----|----|
| BA1. Managing your day- to day life?                        | 0             | 1                   | 2                   | 3                         | 4                  | 7  | 8  |
| BA2. Coping with problems in your life?                     | 0             | 1                   | 2                   | 3                         | 4                  | 7  | 8  |
| BA3. Concentrating?   | 0             | 1                   | 2                   | 3                         | 4                  | 7  | 8  |

| During the PAST WEEK, how much of the time did you....        | None of the Time | A little of the time | Half of the Time | Most of the time | All of the time | DK | RF |
|---|------------------|----------------------|------------------|------------------|-----------------|----|----|
| BA4. Get along with people in your family?                    | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA5. Get along with people outside of your family?            | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA6. Get along in social situations?                          | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA7. Feel close to another person?                            | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA8. Feel like you had someone to turn to if you needed help? | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA9. Feel confident in yourself?                              | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA10. Feel sad or depressed?                                  | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA11. Think about ending your life                            | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |
| BA12. Feel nervous?   | 0                | 1                    | 2                | 3                | 4               | 7  | 8  |

<sup>3</sup> BASIS 24, McLean Hospital, 2001©

| <b>During the PAST WEEK, how much of the time did you.....</b>     | <b>Never</b> | <b>Rarely</b> | <b>Some-times</b> | <b>Often</b> | <b>Always</b> | <b>DK</b> | <b>RF</b> |
|--|--------------|---------------|-------------------|--------------|---------------|-----------|-----------|
| BA13. Have thoughts racing through your head?                      | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA14. Think you have special powers?                               | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA15. Hear voices or see things?                                   | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA16. Think people are watching you?                               |              |               |                   |              |               |           |           |
| BA17. Think people are against you?                                | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA18. Have mood swings?  | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA19. Feel short-tempered?   | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA20. Think about hurting yourself?                                | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA21. Did you have the urge to drink alcohol or take street drugs? | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA22. Did anyone talk to you about your drinking or drug use?      | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA23. Did you try to hide your drinking or drug use?               | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |
| BA24. Did you have problems from your drinking or drug use?        | 0            | 1             | 2                 | 3            | 4             | 7         | 8         |

## 10. REE: Recovery Markers –Revised<sup>4</sup>

For each of the following statements, circle the **one** answer that is most true for you right now. Please indicate if you Strongly Agree, Agree, Disagree or Strongly Disagree with each statement.

|  | Strongly Agree | Agree | Disagree | Strongly Disagree | DK | RF |
|--|----------------|-------|----------|-------------------|----|----|
| REE1. My living situation feels like a safe home to me.              | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE2. I have people I trust whom I can turn to for help.             | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE3. I have at least one close mutual (give-and-take) relationship. | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE4. I am involved in activities I find meaningful.                 | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE5. My psychiatric symptoms are under control.                     | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE6. I have enough income to meet my needs.                         | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE7. I am learning new things that are important to me.             | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE8. I am in good physical health.                                  | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE9. I have a positive spiritual life/connection to a higher power. | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE10. I like and respect myself.                                    | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE11. I'm using my personal strengths, skills or talents.           | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE12. I have goals I'm working to achieve.                          | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE13. I have reasons to get out of bed in the morning.              | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE14. I have more good days than bad.                               | 1              | 2     | 3        | 4                 | 7  | 8  |
| REE15. I have a decent quality of life.                              | 1              | 2     | 3        | 4                 | 7  | 8  |

<sup>4</sup> Priscilla Ridgway, 2004, 2009. Recovery Enhancing Environment measure (REE), ©

|  | <b>Strongly Agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly Disagree</b> | <b>DK</b> | <b>RF</b> |
|--|-----------------------|--------------|-----------------|--------------------------|-----------|-----------|
| REE16. I control the important decisions in my life.     | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE17. I contribute to my community.                     | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE18. I am growing as a person.                         | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE19. I have a sense of belonging.                      | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE20. I feel alert and alive.                           | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE21. I feel hopeful about my future.                   | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE22. I am able to deal with stress.                    | 1                     | 2            | 3               | 4                        | 7         | 8         |
| REE23. I believe I can make positive changes in my life. | 1                     | 2            | 3               | 4                        | 7         | 8         |



## 11. Services Used

First, I am going to ask you about services you have used in the past 30 days. During the past 30 days, did you receive:

|   | YES | [IF YES]<br>Altogether for how<br>many nights/times? | NO | DK | RF |
|---|-----|--|----|----|----|
| <b>SV1. Inpatient Treatment for:</b>      |     |  |    |    |    |
| i. Physical complaint                     | 1   | _____ nights/times                                   | 2  | 7  | 8  |
| <b>SV2. Outpatient Treatment for:</b>     |     |  |    |    |    |
| i. Physical complaint                     | 1   | _____ nights/times                                   | 2  | 7  | 8  |
| ii. Mental or emotional<br>difficulties   | 1   | _____ nights/times                                   | 2  | 7  | 8  |
| iii. Alcohol or substance abuse           | 1   | _____ nights/times                                   | 2  | 7  | 8  |
| <b>SV3. Emergency Room Treatment for:</b> |     |  |    |    |    |
| i. Physical complaint                     | 1   | _____ nights/times                                   | 2  | 7  | 8  |
| iii. Alcohol or substance abuse           | 1   | _____ nights/times                                   | 2  | 7  | 8  |

Now I am going to ask you about services you may have received since the baseline interview, that is, since \_\_\_/\_\_\_/\_\_\_\_. Please indicate with a 'yes' or 'no' if you have received the following services.

### Since the baseline interview (DATE).....

|   |  |
|---|--|
| SV4. did you receive outpatient mental health treatment, such as individual, family, group therapy, day treatment, or other outpatient treatment? (do not include case management services) | 1. YES<br>2. NO<br>7. DK<br>8. REFUSED |
|---|--|

IF YES- Where did you receive mental health outpatient treatment services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

**Since the baseline interview (DATE).....**

---

|   |  |
|---|--|
| SV5. did you receive any trauma-specific treatment; that is, groups or services specifically addressing traumatic experiences and responses to these experiences (e.g., TREM (Trauma Recovery Empowerment Motivation) groups, Seeking Safety Groups, etc.)? | 1. YES<br>2. NO<br>7. DK<br>8. REFUSED |
|---|--|

---

IF YES- Where did you receive trauma-specific treatment services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

|   |  |
|---|--|
| SV6. did you see a doctor or nurse about psychiatric medications that you are taking or planning to take? | 1. YES<br>2. NO<br>7. DK<br>8. REFUSED |
|---|--|

---

IF YES- Where did you see the doctor(s) and/or nurse(s) about psychiatric medication services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

---

|  |  |
|--|--|
| SV7. did you receive treatment in a substance abuse program where you stayed overnight, or in a detox program? | 1. YES<br>2. NO<br>7. DK<br>8. REFUSED |
|--|--|

---

IF YES- Where did you receive inpatient or detox substance abuse treatment?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---



**Since the baseline interview (DATE).....**

---

SV11. did you receive any vocational or rehabilitation services, such as supported employment, vocational counseling, clubhouse program or supported education? (See *glossary for definitions*)

1. YES  
2. NO  
7. DK  
8. REFUSED

---

IF YES- Where did you receive vocational or rehabilitation services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

SV12. did you receive any help with housing services; for example, help finding shelter or housing, dealing with a landlord or eviction, help getting a housing subsidy?

1. YES  
2. NO  
7. DK  
8. REFUSED

---

IF YES- Where did you receive housing services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

SV13. did you receive any help with transportation to meet basic needs; for example, help getting to work or appointments?

1. YES  
2. NO  
7. DK  
8. REFUSED

---

IF YES- Where did you receive transportation services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

**Since the baseline interview (DATE).....**

---

SV14. did you participate in any self-help or peer support services? 1. YES  
2. NO  
7. DK  
8. REFUSED

Self-help and peer support refers to activities organized by people with psychiatric diagnoses (or other characteristics in common) to share their strengths and help each other cope and grow. It does **not** include support groups led by service providers who are not peers.

---

IF YES- Where did you receive self-help or peer support services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

SV15. did you receive any childcare services; that is, help finding childcare or obtaining a subsidy or other financial support for childcare? 1. YES  
2. NO  
7. DK  
8. REFUSED

---

IF YES- Where did you receive childcare services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

SV16. did you receive help with social or recreational activities, such as help finding or planning enjoyable things for play or relaxation? 1. YES  
2. NO  
7. DK  
8. REFUSED

---

IF YES- Where did you receive help with social or recreational activities?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

**Since the baseline interview (DATE).....**

SV17. did you receive any other services not yet mentioned?

1. YES

2. NO

If yes: \_\_\_\_\_

7. DK

8. REFUSED

---

IF YES- Where did you receive these services?

| Facility Name, Street, City, State |
|------------------------------------|
| 1.                                 |
| 2.                                 |
| 3.                                 |
| 4.                                 |

---

## 12. Perception of Care

In order to provide the best possible mental health services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

| Statement  | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | DK | RF |
|--|-------------------|----------|-----------|-------|----------------|----|----|
| PC1. Staff here believe that I can grow, change, and recover.  | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC2. I feel free to complain.  | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC3. I was given information about my rights.  | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC4. Staff encouraged me to take responsibility for how I live my life.                                      | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC5. Staff told me what side effects to watch out for.   | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC6. Staff respected my wishes about who is and who is not to be given information about my treatment.       | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC7. Staff were sensitive to my cultural background (race, religion, language, etc).                         | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC8. Staff helped me obtain the information I needed so that I could take charge of my illness.              | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC9. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc) | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC10. I felt comfortable asking questions about my treatment and medication.                                 | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC11. I, not staff, decided my treatment goals.  | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC12. I like the services I received here.   | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC13. If I had other choices, I would get services from this agency.   | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |
| PC14. I would recommend this agency to a friend or family member.  | 1                 | 2        | 3         | 4     | 5              | 7  | 8  |

## END OF THE INTERVIEW

This is the end of the interview. I want to remind you that all of your answers will be kept private; we will not share them with anyone outside of the research team.

Thank you for your time and participation. *<Interviewer, thank the respondent in your own words>*

*Pay respondent and have them sign the receipt.*

We will be contacting you in about 5 months to conduct the final interview. Before we end the interview, I want to review some of the ways we might get in contact with you.

*Interviewer- Complete Locator Information and information releases.*



## Interviewer Observations

IO1. Please estimate the respondent's understanding of the interview.

1. No difficulty- no language or comprehension problems
2. Just a little difficulty- few language or comprehension problems
3. A fair amount of difficulty- some language or comprehension problems
4. A lot of difficulty- considerable language or comprehension problems

---

IO2. How accurate do you think the respondent's answers were?

1. Very accurate
  2. Fairly accurate
  3. Not very accurate
  4. Not accurate at all
-