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MI/SP Caller Follow-up Interview

Participant ID#: _____

Date of Original Call to Crisis Center: _____

Center Code #: _____

Caller's original Call was to which number? Lifeline Center's other lines Don't know

Date of Most Recent Known Follow-up Call from Center: _____

Date of Research Follow-Up Interview: _____

Follow Up Interviewer's Name: _____

During this follow-up call, I'll be asking you some questions to find out how you were doing when you called the crisis hotline on (date called), and how you're doing now. But, before I do that, I'd like to ask you a few questions about your background, and a couple of questions that have to do with the hotline service itself.

<p>1. Age? _____</p>	<p>2. Gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>3. Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	<p>4. How would you describe your race? (endorse all that apply)</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other or Don't know</p>
<p>5. Your highest level of education:</p> <p><input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College or Technical School <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.)</p>	<p>6. Currently attending school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes,"</p> <p>6a. What type of school? _____</p> <p>6b. Attending?</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p>
<p>7. Your father's highest level of education:</p> <p><input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate or GED</p>	<p>8. Your mother's highest level of education:</p> <p><input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College or Technical School</p>

<input type="checkbox"/> Some College or Technical School <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.) <input type="checkbox"/> Don't know	<input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School (e.g., M.S., Ph.D., M.D., D.D.S.) <input type="checkbox"/> Don't know
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9. Have you ever served in the military?

Yes No Prefer not to answer

If "Yes":
Are you currently serving in the military? Yes No Prefer not to answer
 If "Yes": **Are you on active duty?** Yes No Prefer not to answer

Are you currently a member of the Reserves or National Guard?

Yes No Prefer not to answer

Have you ever served in a combat zone or on a peace-keeping mission?

Yes No Prefer not to answer

If "Yes":
Where? (Do not read list. Code caller's response below by checking all that apply)
 Afghanistan Kosovo
 Bosnia Saudi Arabia (Desert Storm/Desert Shield)
 Iraq Vietnam
 Korea Other_____ (e.g. Qatar, Kuwait, Panama)

<p>10. Employment Status:</p> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Homemaker & Employed <input type="checkbox"/> Homemaker & Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> On Disability	<p>11. Are you currently (read choices)?</p> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married
<p>12. Are you currently living with someone in a marriage-like relationship?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>13. Household composition? (check all that apply)</p> <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children (If "Yes," Number:_____) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Other family Member(s) <input type="checkbox"/> Non-family Member(s) <input type="checkbox"/> Live alone

<p>14. How long have you lived at your current address? _____(<u>circle unit of time</u>) ___(#) _____ days months years</p>	<p>15. Since the age of 18, have you ever been homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes,” How long homeless since age 18? _____(<u>circle unit of time</u>) ___(#) _____ days months years</p>
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16. Do you mind telling me how you found out about the crisis hotline?

(Code caller’s responses, DO NOT read list)

- | | |
|---|--|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> School |
| <input type="checkbox"/> Bus/Train Ads | <input type="checkbox"/> Spouse/Significant Other |
| <input type="checkbox"/> Dept of Mental Health | <input type="checkbox"/> Therapist/Counselor |
| <input type="checkbox"/> Faith-based Leader | <input type="checkbox"/> TV |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Wallet Card |
| <input type="checkbox"/> Internet/www | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Magazines/Newsletter | <input type="checkbox"/> Yellow Pages (Phone book) |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other Crisis Hotline | Specify: _____ |
| <input type="checkbox"/> Pens/Magnets/Giveaways | <input type="checkbox"/> Do not remember |

17. We understand that you called (# called). Had you ever called this crisis hotline before (date of call)?

- Yes
- No

If “Yes,”

17a. How many times have you called (# called)?

- Once or twice
- Occasionally but not a lot
- All the time

Caller feedback on crisis call—the time caller called the center

17b. Thinking back to your call on (date of call) to (# called), were there things about the call that were helpful to you?

- Yes

If “Yes,” details:

- No

17c. Were there things about the call that were not helpful to you?

Yes

If "Yes," details:

No

PRIOR SERVICE USE

So the next couple of questions I'm going to ask you are about the resources you used BEFORE your call to the crisis hotline on (date)

18. Had you ever used any of the following services before you called the crisis hotline?
(read service list below to caller)

Yes (If yes, check all service types that caller had used)

<input type="checkbox"/> Emergency Service (e.g., ER, mobile crisis)
<input type="checkbox"/> Phone Counseling / Crisis Hotline
<input type="checkbox"/> Professional Mental Health Service (e.g., psychiatrist, psychologist, social worker)
<input type="checkbox"/> Other Counseling Service (e.g., AA, pastoral counselor, support group)
<input type="checkbox"/> Other Professional Resource (e.g., pc doctor consulted for mental health issue)

No (If "No," skip to question #20.)

If "Yes," 18a. When did you last use the service(s)?

(For each service used, code most recent date accessed BEFORE calling hotline.)

	Last Time Accessed Service		
	Within Month Before Call	Within Year Before Call	More than One Year Before Call
<input type="checkbox"/> Emergency Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Phone Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Professional Mental Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Counseling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Professional Resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Were you in treatment for any behavioral or emotional issues at the time you called the hotline?

Yes

No

If "Yes,"

19a. From whom were you receiving treatment? (Code all that apply):

- Psychiatrist, psychologist, social worker
- Other counselor
- Other medical doctor
- Clergy
- Other If "Other", specify: _____

SUICIDE RISK – AT TIME OF CRISIS CALL

20. When you called the crisis hotline on (date of call), were you having any thoughts about suicide. Yes No

Details (including precipitating factors if mentioned):

21. At that time (when you called the crisis hotline), had you made any specific plans to kill yourself, to end your life?

- Yes
 - No
 - Do not remember
- } If "No" or "Do not remember," skip to question #22.

If "Yes,"

21a. What had you planned to do to kill yourself?

22. Had you done something to kill yourself right before you called the crisis hotline on (date of call), or while you were speaking with the counselor?

- Yes
- No If "No," skip to #23.

If "Yes,"

22a. What had you done to kill yourself? _____

22b. (Interviewer: please classify actions based on caller's response to #22a.)

- Preparatory behavior—not imminent risk (i.e., obtained method but NOT ready to use now or very soon)

- Preparatory behavior—imminent risk (i.e., standing on bridge ready to jump, have gun & prepared to use now or soon)
- Attempt in progress—actual behavior to kill self without dire consequences (i.e., superficial cut then stopped)
- Attempt in progress—injury serious or potentially serious (i.e., shot self, cut self, took pills)

22c. Do you think you were at risk of dying at the time of your call?

- Not at all A little Moderately A lot

PREVIOUS ATTEMPTS (EVER)

23. Have you ever, in your whole life tried to kill yourself?

(Interviewer note: if caller answered “Yes” to #22, code 23 as “yes”, and specify that this question (23a) is about an attempt “other than what you just told me?”)

- Yes
- No If “No,” skip to question #28.

If “Yes,”

23a. Did you make the attempt *BEFORE* you called the crisis hotline on (date of call)?

- Yes
- No If “No,” skip to question #28.

If “Yes,”

23b. How many times did you try to kill yourself *BEFORE* you called the crisis hotline? _____ times

24. When was your last attempt *BEFORE* you called the crisis hotline, (the one closest in time to your call to the crisis hotline)?

- Within 1 hour
- Same day
- Within 1 week
- Within 1 month
- More than 1 month

25. Did you go to a doctor, emergency room or other health facility for the resulting illness or injury after you tried to kill yourself?

(Ask question within context of most recent attempt BEFORE calling crisis hotline)

- Yes
- No

If “Yes,”

25a. Who took you?

(ask question within context of most recent attempt BEFORE calling crisis hotline)

- Mobile Crisis
- Police
- Friend/family member

- Self
- Other _____

26. What had you done to try to kill yourself?

*(Ask question within context of most recent attempt BEFORE calling crisis hotline)
(Code: How? When? Where?)*

27. If more than 1 attempt BEFORE calling crisis hotline, code up to 3 more attempts, starting with the second most recent attempt BEFORE calling crisis hotline:

(For each attempt code: How? When? Where?)

28. When you called the crisis hotline on (date of call), how much would you say you wanted to die?

- Definitely wanted to die
- Wanted to die more than live
- About equal
- A part of me wanted to live more than die
- Definitely wanted to live

29. Did you think you had any other ways to solve your problems, other than suicide?

- Suicide was the only possible option
- Other possible options existed

30. When you called the crisis hotline, how likely were you to carry out your thoughts about killing yourself?

- 1 = Not at all likely
- 2
- 3 = Somewhat likely
- 4
- 5 = Extremely likely

CALL EVALUATION

30a. How much did calling the crisis hotline stop you from killing yourself?

- A lot
- A little
- Not at all
- It made things worse

Details: **What was it about the call that...?**

30b. How much did calling the crisis hotline keep you safe?

- A lot A little Not at all It made things worse

Details: **What was it about the call that...?**

FOLLOW-UP

The next questions are about the follow-up call(s) you received from the crisis center, after your call to the hotline (# called) on (date of crisis call).

31. When was the last time you received a call from a counselor at the center?

- Within the last few days
 Within the past week
 Within the past two weeks
 Within the past month
 More than a month ago

32. Are you expecting another call from the center?

- Yes, follow-up is on-going
 No, follow-up has ended
 Caller unsure

If "No": 32a. Why did the center stop calling you for follow-up?

- Caller & center mutually agreed to end follow-up (i.e., because caller felt better/was in treatment, or because all planned calls had been completed)
 Center unilaterally ended follow-up (i.e., center did not offer any more calls)
 Caller unilaterally ended follow-up (i.e., caller declined any more calls)
 N/A (Follow-up is on-going)
 Caller unsure whether follow-up has ended

33. Since you called the hotline on (date of crisis call), how many times have you spoken with a counselor/counselors who called from (crisis center) to follow up with you?

- 1x 2x 3x More than 3x (give #: _____)

34. How many different counselors made follow-up calls to you?

- 1 2 More than 2 (give #: _____) Don't remember

If caller had contact with more than one counselor from center:

34a. How did you feel about talking to different counselors?

- Comfortable Neutral Uncomfortable

35. Were there things about the follow-up call(s) from the crisis center that were helpful to

you?

Yes If "Yes," details: _____

No

36. Were there things about the follow-up call(s) from the crisis center that were not helpful to you?

Yes If "Yes," details: _____

No

COUNSELOR BEHAVIOR

37. Next, I want to ask you some specific questions about the counselor(s) from the crisis center who followed up with you.

(Read the response options before starting, and repeat every several questions)

COUNSELOR BEHAVIOR (Rate Each Item)	Not at all	A little	Moderately	A lot	Check below if caller had multiple follow-up counselors, and wants to rate them differently on a particular behavior. (Do not read this option to caller.)
I. GOOD CONTACT:					
To what extent did the counselor(s) Show empathy or validate you by saying things like "it must be hard for you"?	0	1	2	3	9
To what extent did the counselor(s) Reflect back your feelings	0	1	2	3	9
To what extent did the counselor(s) Paraphrase your situation?	0	1	2	3	9
To what extent did the counselor(s) Create a caring and safe climate?	0	1	2	3	9
To what extent did the counselor(s) Use a warm and genuine tone?	0	1	2	3	9
To what extent was/were the counselor(s) Non-judgmental and accepting?	0	1	2	3	9
To what extent was/were the counselor(s) Respectful to you?	0	1	2	3	9
To what extent was/were the counselor(s) Patient with you? Did not rush you?	0	1	2	3	9
To what extent did the counselor(s) Stay engaged?	0	1	2	3	9
To what extent did the counselor(s) Use questions, reflections or other invitations that deepened the relationship and understanding between the two of you?	0	1	2	3	9
To what extent was/were the counselor(s) Authentic and genuine?	0	1	2	3	9
To what extent did the counselor(s) Sound natural not scripted??	0	1	2	3	9
To what extent did the counselor(s) Use self-disclosure only when appropriate?	0	1	2	3	9
To what extent did the counselor(s) Exhibit trust, competence and confidence?	0	1	2	3	9
To what extent did the counselor(s) Not jump prematurely to problem solving?	0	1	2	3	9

COUNSELOR BEHAVIOR (continued)

COUNSELOR BEHAVIOR (Rate Each Item)	Not at all	A little	Moderately	A lot	Check below if caller had multiple follow-up counselors, and wants to rate them differently on a particular behavior. (Do not read this option to caller.)
II. COLLABORATIVE PROBLEM SOLVING:					
To what extent did the counselor(s) Help you identify and prioritize problems, needs and wants?	0	1	2	3	9
To what extent did the counselor(s) Identify the event that precipitated your calling the crisis hotline on (date of original call)?	0	1	2	3	9
To what extent did the counselor(s) Explore what you had tried to do to solve the problem?	0	1	2	3	9
To what extent did the counselor(s) Try to solve your problems for you by telling you what you should do?	0	1	2	3	9
To what extent did the counselor(s) Explore (brainstorm) alternatives?	0	1	2	3	9
To what extent did the counselor(s) Work with you to create a plan that will work for you?	0	1	2	3	9
To what extent did the counselor(s) Not jump prematurely to solutions?	0	1	2	3	9

Counselor Behavior in Assessing Suicide Risk:

During the follow-up calls, did the counselor(s).....	Yes	No	Do Not Remember
Ask you if you were thinking about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask you if you had any thoughts of suicide in the last two months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask you if you have ever attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask any other kind of questions or make any other comments that encouraged you to acknowledge that you were having thoughts about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor Behavior in Assessing Client's Buffers:

During the follow-up calls, did the counselor(s).....	Yes	No	Do Not Remember
Talk with you about your plans for the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk with you about your reasons for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUICIDE RISK DURING FOLLOW-UP PERIOD

These questions are about the time when (crisis center) was following up with you, between your call to the hotline on (date of call) and the most recent follow-up call you received.

38. Between your initial call to the hotline on (date) and the most recent follow-up call you received on (date), would you mind telling me if you have had any thoughts about killing yourself or ending your life?

Yes

If "Yes," details:

No

39. Did you do anything to kill yourself after you called the hotline, during the time the center was following up with you?

Yes

No If "No," skip to #40.

If "Yes,"

39a. What had you done to kill yourself?

39b. (Interviewer: please classify actions based on caller's response to #39a.)

- Preparatory behavior—not imminent risk (i.e., obtained method but was NOT ready to use right away)
- Preparatory behavior—imminent risk (i.e., stood on bridge ready to jump, had gun & was prepared to use)
- Suicide attempt—actual behavior to kill self without dire consequences (i.e., superficial cut then stopped)
- Suicide attempt—injury serious or potentially serious (i.e., shot self, cut self, took pills)

39c. Do you think you were at risk of dying at that time?

- Not at all A little Somewhat A lot

40. To what extent did the counselor's calling you stop you from killing yourself?

- A lot A little Not at all It made things worse

40a. Details: What was it about the follow-up calls...?

41. To what extent did the counselor's calling you keep you safe?

- A lot A little Not at all It made things worse

41a. Details: What was it about the follow-up calls...?

42. When the counselor(s) called you to follow up with you, did you and the counselor(s) develop a plan for what you could do to keep yourself safe?

- Yes
- No
- Do not remember

42a. Comments/clarification by follow-up interviewer and/or caller about safety plan:

NOTE: If caller volunteers that a particular strategy was discussed ONLY during the initial crisis call (NOT during follow-up), check "CC only," then ask Q45.

43. During the call(s) with the counselor(s): Did you and the counselor(s) talk about:	If Discussed: 43a. Have you made use of this, put it into practice?				If Used: 43a. Has this been helpful to you?			If NOT Used: 43c. What was the reason you did not end up using this?						
	Yes	No	Do not remember	CC only	Yes	No	N/A	Yes	No	N/A	Didn't think it would help	Need did not arise	Other reason*	N/A
Steps you can take to make your environment safe (i.e., to get rid of potential means to suicide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Safe use" or no use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care or coping strategies? (Things you can do on your own, like listening to music, taking a walk, taking a bath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure you are not alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering things that have helped you in the past (past survival skills), to use again now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*43d) (Interviewer: If "Other reason" is checked above for any step/strategy, please describe client's reason for not using):

43e) Interviewer: After finishing the above chart, ask: Was there anything else that you came up with that has been helpful to you (helped keep you safe) since you called the hotline?

In this next section, we're going to talk about some informal or social resources that you and the counselor(s) might have discussed. Just to clarify, these aren't professional resources.

44) When the counselor(s) called to follow up with you, did you and the counselor(s) identify any informal or social resources for you to use in times of crisis – for example, places you can go to not feel alone, or people who can help distract you if you are feeling suicidal, or people like friends or family members whom you can ask for help?

Yes No Do not remember

45) Specifically, did you and the counselor(s) talk about:	If Discussed:			If Used:			If NOT Used:						
	Yes	No	Do not remember	45a) Have you made use of any of these resources?			45b) Has this been helpful to you?			45c) What was the reason you did not end up using these resources?			
	Yes	No	Do not remember	Yes	No	N/A	Yes	No	N/A	Didn't think it would help	Need did not arise	Other reason*	N/A
Places you can go to distract yourself / not be alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People to call socially, to distract you if you are feeling suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People you can share feelings with / ask for help? (not including professional caregivers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*45d) (Interviewer: If "Other reason" is checked above for any resources, please describe client's reason for not using:

45e. Informal/Social Safety Resources identified include: (check all that apply)

- Family member(s)
- Friend(s)
- Other people; Please specify: _____
- Social environment(s); Please specify: _____

45f. Did the follow-up counselor make phone calls to any of these people, to help you make contact with them?

- Yes
- No
- N/A

FORMAL RESOURCES explored/identified:

46. OK, so in this section, we're going to talk about any formal or professional sources of help that you might have discussed with the counselor(s).

(Interviewer: Read resources below and if the caller says YES, check the box to the left of the resource; then proceed to the sub-questions, if any.)

Formal/Professional Resources

ASK: Did you and the counselor(s) talk about using any inpatient or outpatient mental health services (like a psychiatrist or a psychologist or a social worker)?

- Licensed Mental Health Professionals
(i.e., psychologist, psychiatrist, social worker, in/outpatient mh)
 - New
 - Current
 - Prior

If yes, what type? _____

ASK: Did you and the counselor(s) you spoke to discuss using other support services like a support group, a 12-step program, a pastor or rabbi, or a healer?

- Mental Health Support Services (unlicensed)
(e.g., support groups like AA; school counselor/EAP; pastor/rabbi; native healer)
 - New
 - Current
 - Prior

If yes, what type? _____

ASK: Did you and the counselor(s) speak about using other resources, like a primary care physician for a mental health issue, or any other professional assistance?

- Other Professionals (licensed in non-mental health fields)
(e.g., primary care physician, social services, other)
 - New
 - Current
 - Prior

If yes, what type? _____

If yes to any: Did counselor facilitate the contact by making a phone call?

- Yes
- No
- Don't remember
- N/A

Urgent Care/Emergency Resources

ASK: And with the crisis hotline, were you advised to call back the center? ASK BOTH subheadings

- Crisis hotline/Crisis center
 - Caller advised to call back center
 - Crisis hotline or center OTHER than the one doing follow-up

ASK: And did you and the counselor(s) talk about using any urgent care or emergency resources, such as the ER, 911, or EMS?

- Emergency Resources not including hotlines
 - Emergency Room/Urgent Care facility
 - EMS/Mobile Crisis
 - 911/Police
 - Other: _____

If Yes to any: Did counselor make a phone call to help you make contact with them?

- Yes No Do not remember N/A

Interviewer:

If caller received no referrals to a formal resource not already/currently in use by caller (i.e., no NEW or PRIOR professional resources, and no emergency resources other than the current hotline/center), skip to question #49.

If caller received any referral to a NEW or PRIOR professional resource, or to an emergency resource other than the current hotline or center, continue to question #47.

These questions are about the referrals you and the counselor(s) discussed.

You mentioned that you and the counselor(s) discussed _____ (for NEW referrals).

47. Did the counselor(s) help you envision or imagine what it would be like for you to make contact with the professional(s) or service(s) you discussed?

- Yes No N/A (no NON-CURRENT formal/professional referral)

48. Did you and the counselor(s) problem-solve about what might keep you from contacting the professional(s) or service(s) you discussed?

- Yes No N/A (no NON-CURRENT formal/professional referral)

“These next questions are going to be about your safety plan, by which I mean all the strategies and resources you and the counselor(s) came up with for you to use to keep yourself safe.”

The comments/clarification by follow-up interviewer and/or caller about safety plan, when caller was asked earlier in the interview question #43 about the developed safety plan:

49. Did you and the counselor rehearse or walk through the steps and/or resources you were going to use to help keep you safe – to make sure you remembered and felt comfortable using them?

- Yes
- No
- N/A

49a. If there was any part of your safety plan that you felt uncomfortable with, did the counselor(s) help you to overcome your discomfort, or help you to come up with a different safety plan instead?

- Yes
- No
- N/A

50. Overall, how was the safety plan developed?

- Collaborative development
- You developed most of the plan
- Counselor developed most of the plan
- N/A – Safety plan not developed

51. Did you and the counselor(s) talk about using your safety plan again in the future? (e.g., writing it down and keeping it in case you ever feel suicidal again, after your current crisis had passed)

- Yes
- No
- N/A

51a. Did you write your safety plan down?

- Yes
- No
- Don't remember

If Yes:

51b. Do you know where it is now?

- Yes (I still have it and know where it is)
- No (I don't know where it is)
- I know that I don't have it anymore

52. Did you and the counselor(s) talk about how you would know when it was time to use your safety plan?

- Yes
- No
- N/A

53. Did you and the counselor(s) identify any warning signs of emotional distress-- in other words, thoughts, feelings or behaviors that can alert you the next time you are at risk, before the problems get big or out of control?

- Yes
- No
- Do not remember

If "Yes", **53a. Has being aware of this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

54. Did you and the counselor(s) identify any events or situations which might trigger you to become suicidal again in the future?

- Yes
- No
- Do not remember

If yes: **54a. Has being aware of this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

55. Did you and the counselor(s) problem-solve to try to find other ways of addressing or preventing your trigger events or situations?

- Yes
- No
- Do not remember

If Yes: **55a. Has this been helpful to you?**

- Very much
- Somewhat
- A little
- Not at all
- N/A

Interviewer note: If no safety plan, go to question #56.

56. Overall, how helpful to you has your safety plan been?

- Very helpful
- Somewhat helpful
- A little helpful
- Not at all helpful
- N/A – no safety plan

57. What about your safety plan has been most helpful to you?

58. What about your safety plan has been least helpful to you?

59. You said that you and the counselor(s) discussed _____ (referral/s received). Have you been able to call, contact, or follow through with (any of) the service(s) you and the counselor(s) discussed?

- Yes
- No

Interviewer: read list of resources checked "yes" as discussed...and ask if used or not used			
59a. Resource used or not?	Discussed* With counselor(s)	Used since	Not used
Crisis hotline services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care/Emergency services (not including hotlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Mental Health Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health support / counseling (not licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional help; describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The computer program automatically codes the Resource Type "discussed" as "yes", when it is endorsed as "yes" by the caller earlier in the interview.

These next questions are about any services you may have used, whether or not you discussed them with the counselor(s). Since you called the crisis hotline on (date of call), have you used or made contact with any of the following services or resources?

(Interviewer: code all service types endorsed in #59a [referral follow-through], as well as any other service types the caller has used since the crisis call. If more than one service used for a specific type of service, rate the one of each type with the most complete follow through.

(Interviewer: If NO formal/professional resources utilized since crisis call, skip to #82.)

60. Hotline Services Specify: _____

- Completed contact as follows: (check all that apply)
 - Called back same hotline/center
 - Accepted follow-up call from crisis center
 - Called different hotline / phone counseling at different center
- Called/Received message but not yet able to speak to anyone – If yes, go to #62.
- Called/received & found out that I can't, or don't want to use this service } If yes, go to #63.

61. How much have you benefited from this service in your opinion?

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

62. How well do you think this service matches your needs?

- Not well
- Somewhat well
- Very well

(Interviewer - if hotline services used, check box for "Services free" below)

- Services free

63. Other Emergency Services Specify: _____

- Completed contact as follows: (check all that apply)
 - Presented at Emergency Room/Urgent Care facility
 - Rescued by EMS/Mobile Crisis
 - Rescued by 911/Police } If yes, go to #64.

- Called/presented & found out that I can't, or don't want to use this service } If yes, go to #67.

64. How much have you benefited from this service in your opinion?

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

65. How well do you think this service matches your needs?

- Not well
- Somewhat well
- Very well

**66. Who will pay or has already paid for this service?
(Code all that apply.)**

- Private insurance (Not HMO)
- An HMO or other prepaid plan
- Medicaid
- Medicare
- Any other government program, such as CHAMPUS or the Indian Health Services
- You or your family
- Any other sources If "Yes," Specify: _____
- Services free

67. Mental Health Services Specify: _____

- Kept more than one appointment
 - Completed first appointment
- } If yes, go to #68.
-
-
- Completed intake
 - Have an appointment set up
 - Called/Spoke with someone waiting for appoint – willing to wait
 - Called/Call not yet returned/Not yet able to speak with anyone
- } If yes, go to #70.
-
-
- Called & found out that I can't, or don't want to use this service — If "Yes," go to #72.

68. Are you still in treatment? Yes No

69. How much have you benefited from this service in your opinion?

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

70. How well do you think this service matches your needs?

- Not well
- Somewhat well
- Very well

71. Who will pay or has already paid for this service? (Code all that apply.)

- Private insurance (Not HMO)
- An HMO or other prepaid plan
- Medicaid
- Medicare
- Any other government program, such as CHAMPUS or the Indian Health Services
- You or your family
- Any other sources If "Yes," Specify: _____
- Services free

72. Other counseling/support services Specify: _____

- Kept more than one appointment / attended more than one session
 - Completed first appointment / attended first session
 - Completed intake
 - Have appointment set up
 - Called/Spoke with someone/Waiting for call back (willing to wait)
 - Called/Call not yet returned/Not yet able to speak with anyone
 - Called & found out that I can't, or don't want to use this service—If "Yes," go to #77.
- If yes, go to #73.
- If yes, go to #75.

73. Are you still in treatment / still participating? Yes No

74. How much have you benefited from this service in your opinion?

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

75. How well do you think this service matches your needs?

- Not well
- Somewhat well
- Very well

76. Who will pay or has already paid for this service? (Code all that apply)

- Private insurance (Not HMO)
- An HMO or other prepaid plan
- Medicaid
- Medicare
- Any other government program, such as CHAMPUS or the Indian Health Services
- You or your family
- Any other sources If "Yes," Specify: _____
- Services free

77. Other Formal/Professional Resource (Please specify: _____)

- Kept more than one appointment
 - Completed first appointment/attended first session
 - Completed intake
 - Have an appointment set up
 - Called/Spoke with someone/Waiting for call back (willing to wait)
 - Called/Call not yet returned/Not yet able to speak with anyone
 - Called & found out that I can't, or don't want to use this service — If "Yes," go to #82.
- } If yes, go to #78.
- } If yes, go to #80

78. Are you still in treatment? Yes No

79. How much have you benefited from this service in your opinion?

- Had a negative impact
- No benefit/impact
- Some benefit
- A great benefit

80. How well do you think this service matches your needs?

- Not well
- Somewhat well
- Very well

81. Who will pay or has already paid for this service? (Code all that apply.)

- Private insurance (Not HMO)
- An HMO or other prepaid plan
- Medicaid
- Medicare
- Any other government program, such as CHAMPUS or the Indian Health Services
- You or your family
- Any other sources If "Yes," Specify: _____
- Services free

82. What type of health insurance do you have, if any?

- No insurance
- Private Insurance (Not HMO)
- HMO or other prepaid plan
- Medicaid
- Medicare
- Any other government program, such as CHAMPUS or the Indian Health Services
- Other: _____

Barriers to Service Use

83. Interviewer: Did the counselor discuss resources with the caller that s/he was not able to follow through on, or decided not to use?

- Yes If "yes, go to question #84
- No If "no", go to question #85

84. You said that you and the counselor discussed _____(referral), but that you didn't use it. Would you mind telling me the reasons why you didn't use this?
(Code for each resource marked "discussed" and "not used").

Hotline Services

- Structural Barriers (e.g., no phone, no privacy)
Details: _____
- Perceptions about Mental Health Problems (e.g., thought could handle on own)
Details: _____
- Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)
Details: _____
- Any other types of barriers:
Details: _____

Urgent Care/ Emergency Services (other than hotlines)

- Structural Barriers (e.g., long waiting line, transportation issues)
Details: _____
- Perceptions about Mental Health Problems (e.g., thought could handle on own)
Details: _____
- Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)
Details: _____
- Any other types of barriers:
Details: _____

Licensed Mental Health Professionals

Structural Barriers (e.g., long waiting list, no health insurance, transportation issues)
Details: _____

Perceptions about Mental Health Problems (e.g., thought could handle on own)
Details: _____

Perceptions about Services (Past negative experience with MH provider(s); Bad initial contact with staff)
Details: _____

Any other types of barriers:
Details: _____

Other counseling services/ support groups

Structural Barriers (e.g., long waiting list, no health insurance, transportation issues)
Details: _____

Perceptions about Mental Health Problems (e.g., thought could handle on own)
Details: _____

Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)
Details: _____

Any other types of barriers:
Details: _____

Other Professional Resource(s)

Structural Barriers (e.g., long waiting list, no health insurance, transportation issues)
Details: _____

Perceptions about Mental Health Problems (e.g., thought could handle on own)
Details: _____

Perceptions about Services (Past negative experience with provider(s); Bad initial contact with staff)
Details: _____

Any other types of barriers:
Details: _____

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

85. Next, I'm going to read some statements of feelings and behaviors.

Please tell me how often you have felt this way during the past week.

(Interviewer: Read the response options before starting, and repeat every several questions)

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or moderate amount of time (3–4 days)	Most or all of the time (5–7 days)
I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not get "going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ideation, Behavior, and Risk Since Last Contact With Crisis Counselor

Okay, so these next questions are about how you've been feeling since the last time a counselor called to follow up with you. Just to let you know, they are mostly yes or no questions.

86. Since the last time you spoke with a follow-up counselor, have you had any thoughts about killing yourself?

- Yes
- No

87. Right now, are you having any thoughts about killing yourself?

- Yes
- No (If "No," go to #88).

If "Yes,"

87a. How much of each day have you been thinking about suicide?

- Fleeting thoughts/Once in a while
- Persistent thoughts/A lot of the time

87b. Have you been able to control your thoughts about suicide?

- Yes
- No

88. Since the last time you spoke with a follow-up counselor, have you had any plans to kill yourself?

- Yes
- No

89. Right now, do you have any specific plans to kill yourself?

- Yes*** If "Yes," continue to Question 89a.
- No** If "No," go to question 92.

89a. What do you plan to do to kill yourself?

(Code: How? When? Where?)

89b. Is this means available to you?

- Not available/Has not been obtained
- Close by/obtained, but is not readily available
- Has on hand/ready to use/immediately available

89c. When are you planning to do it?

- Immediately***
- Within a few hours***
- Within a few days
- Within a week
- Within the month
- Some indefinite time in the future

89d. Are you alone now?

- Yes
- No If No, go to #90

89e. Is anyone nearby?

- Yes
- No

90. Have you been drinking or taking (illicit) drugs today?

- Yes
- No If No, go to #91

If Yes: 90a. How much/what kind? _____

If they haven't already mentioned firearms as a part of their plan, ask; if already mentioned, code without asking:

91. Are there any firearms available where you are now?

- Yes
- No

92. Have you done anything to kill yourself since the last time a counselor called to follow up with you?

- Yes*** If "Yes," continue to #92a.
- No If NO attempt post-f/u, but has current thoughts → go to #97.
If NO attempt post-f/u, and NO current thoughts → go to #100.

If "Yes":

92a. What had you done to kill yourself?

92b. (Interviewer: please classify actions based on caller's response to #92a.)

- Preparatory behavior—not imminent risk (i.e., obtained method but was NOT ready to use right away)
- Preparatory behavior—imminent risk (i.e., stood on bridge ready to jump, had gun & was prepared to use)
- Suicide attempt—actual behavior to kill self without dire consequences (i.e., superficial cut then stopped)
- Suicide attempt—injury serious or potentially serious (i.e., shot self, cut self, took pills)

92c. Do you think you were at risk of dying at that time?

- Not at all A little Somewhat A lot

93. When was your last attempt AFTER your last follow-up call from a counselor at the crisis center?

- Within 1 hour of last follow-up contact with counselor
- Same day
- Within 1 week after the follow-up contact
- Within 1 month after the follow-up contact
- More than 1 month after the last follow-up contact

Interviewer: (Ask these questions within context of most recent attempt AFTER last follow-up contact)

94. Did you go to a doctor, emergency room or other health facility for the resulting illness or injury after you tried to kill yourself?

- Yes
- No

95. Was EMS sent for you?

- Yes
- No

96. For the suicide attempt you made after your last follow-up call from the center, did you receive treatment from the ER, a hospital, a mental health provider, an in-or outpatient facility, a caseworker, or any other resource?

- Yes
- No*

Interviewer: If caller has current thoughts: Continue to Question #97.
If NO current thoughts: Go to Question #100.

97. Right now, when you think about killing yourself, how much do you really want to die?

- Definitely want to die*
- Want to die more than live*
- About equal
- A part of me wants to live more than die
- Definitely want to live

98. Right now, do you think you have any other ways to solve your problems, other than suicide?

- Suicide is the only possible option
- Other possible options exist

On a scale of 1 to 5, where 1 is “not at all likely,” 3 is “somewhat likely,” and 5 is “extremely likely”:

99. Right now, how likely are you to try to kill yourself?

- 1 = Not at all likely
- 2
- 3* = Somewhat likely
- 4*
- 5* = Extremely likely

**100. Thinking back about how you were feeling at the time you called the crisis hotline on (date of initial call), and how you are feeling now, would you say you're.....
(read all choices)**

- A lot worse
- A little worse
- About the same
- A little bit better
- A lot better

Note: The information needed in order to send the money order to the caller is entered onto a paper form, whereas the follow-up assessment is entered directly into a computerized database.

The interviewer summarizes the call with the caller (suggested wording for that summarization is detailed in the following page).

The information needed for sending the money order to the caller is obtained.

Name: First Name: _____ Middle Name: _____ Last Name: _____	Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____
---	--

The caller is thanked for his/her participation. If required, interviewer initiates conference call with Caller and crisis counselor.

Conference Call Record:

Conference call required? (See summary on next page to see if caller meets criteria)

- Yes
- No

If "Yes": Did caller agree to conference call? Yes No

Did you (interviewer) establish call with caller and crisis center (during which caller and center agreed to reconnect once you got off the line? Yes No

If "No" : Did caller agree to receive a call from the hotline at a later time/date? Yes No

If "Yes": Did you (interviewer) contact hotline with the caller's and your (interviewer's) contact information, so the center could contact the caller in the future? Yes No

MANDATORY CONFERENCE CALL:

If caller meets the criteria for the mandatory conference call, you must initiate a conference call with the caller and the crisis center that has been conducting the follow-up calls with the caller.

If you encounter a busy signal, you can work with the caller a few minutes more and then try again, or conference call with the caller to 1-800-273-TALK or 1-800-SUICIDE.

Criteria for Mandatory Conference Call:

(1) The caller has made a suicide attempt since the most recent follow-up call from the center, and did not receive any treatment after the attempt. If the caller has made more than one attempt since the most recent follow-up call, then this criterion relates to the most recent attempt.

(2) The caller responds YES to any of the starred items under Current Plans/Means/Availability or under Current Intent to Die.

Suggested Wording for Discussing Conference Call with the Caller:

During our call today, you've told me some things that I'm really concerned about. You said "(suicide attempt since last follow-up contact, and no treatment, and/or list starred suicide items), "and that you're feeling" (information from the CES-D. So, before we end our call today, it's important that I connect you back to the crisis hotline so they can talk with you further about your thoughts about suicide, and the things that you've been going through. What would happen is that I would conference call with you back to the hotline. While you, the crisis counselor and I are on the phone together, I'd tell the counselor what you and I spoke about today, and give the counselor enough information so he or she can help you. Then, I'd get off of the line so you and the counselor can talk together."

If the caller agrees to the conference call, keep the caller informed of exactly what you are doing. Tell him/her:

"Okay, I'm going to set up the conference call now. To be able to do this, what I have to do is to put you on hold while I dial the crisis hotline's telephone number. While I'm doing this, you won't hear anything, but I'm still connected with you. After the hotline answers my call to them, then I will take you off of hold, and the three of us will then be on the phone at the same time."

If the caller agrees to speaking with the center, but cannot, does not want to do so via a conference call, then call the crisis center, give the center your name and telephone number, the caller's name and telephone number, and details about what the caller endorsed during the assessment.

IF THE CALLER REPORTS PROBLEMS BUT DOES NOT MEET THE CRITERIA for a mandatory conference call, but might benefit from a crisis intervention call with the crisis hotline, then discuss this with the caller.

Suggested Wording to Use With the Caller:

"During our call today, you told me that you are (information from CES-D, any endorsed suicide items, but not starred ones), and that (list any other problems they mentioned). I am wondering if you might want to call back (the # caller called - either 1-800-SUICIDE or 1-800-273-TALK) crisis line and speak with a counselor to help you with the things you have been going through.

IF THE CALLER DOES NOT MEET CRITERIA FOR A CONFERENCE CALL AND DOES NOT REPORT PROBLEMS:

Suggested Wording to Use With the Caller:

"From what you have told me today, you seem to be doing well since you called the crisis hotline. However, if you ever want some help with a problem in the future, feel free to call the crisis hotline."