

OMB#0925-XXXX
EXP. XX/XXXX



A health study for oil spill clean-up workers and volunteers

Supplemental Mental Health Questionnaire

(Estimated Burden: 15 minutes per administration)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.

Table of Contents

Section Q: General Health Scale	2
Section R: Resilience Scale	4
Section S: Anxiety Scale	9
Section T: PTSD Scale	10
Section U: Traumatic Events Scale	11
Section V: Financial Events Scale	16
Section W: Social Support Scale	20

Section Q: General Health Scale

I would like to begin the survey by asking you some questions about your general health.

Q1. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Q1a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- YES, LIMITED A LOT..... 1
- YES, LIMITED A LITTLE..... 2
- NO, NOT LIMITED AT ALL 3
- DON'T KNOW 8
- REFUSED 9

Q1b. Climbing several flights of stairs?

- YES, LIMITED A LOT..... 1
- YES, LIMITED A LITTLE..... 2
- NO, NOT LIMITED AT ALL 3
- DON'T KNOW 8
- REFUSED 9

Q2. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Q2a. Accomplished less than you would like?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q2b. Were limited in the kind of work or other activities?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?

Q3a. Accomplished less than you would like?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q3b. Did work or other activities less carefully than usual?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q4. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- Not at all 1

- A little bit.....2
- Moderately3
- Quite a bit.....4
- Extremely5
- DON'T KNOW8
- REFUSED9

Q5. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. The choices are: *All of the time, Most of the time, A good bit of the time, Some of the time, A little of the time, and None of the time*. How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Q5a. Have you felt calm and peaceful?						
Q5b. Did you have a lot of energy?						
Q5c. Have you felt downhearted and blue?						

Q6. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, such as visiting friends, relatives, etcetera?

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW8
- REFUSED9

Section R: Resilience Scale

Please tell me how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt. Respond to each statement with one of the following choices: *Not true at all*, *Rarely true*, *Sometimes true*, *Often true*, or *True nearly all the time*. [INTERVIEWER NOTE: THE FIRST TIME AND AFTER EVERY 5 QUESTIONS, REPEAT RESPONSE OPTIONS.]

R1. I am able to adapt when changes occur.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all the time..5
- DON'T KNOW8
- REFUSED9

R2. I have at least one close and secure relationship that helps me when I am stressed.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all the time..5
- DON'T KNOW8
- REFUSED9

R3. When there are no clear solutions to my problems, sometimes fate or God can help.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all the time..5
- DON'T KNOW8
- REFUSED9

R4. I can deal with whatever comes my way.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all the time..5
- DON'T KNOW8
- REFUSED9

R5. Past successes give me confidence in dealing with new challenges and difficulties.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all the time..5
- DON'T KNOW8

REFUSED9

R6. I try to see the humorous side of things when I am faced with problems.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R7. Having to cope with stress can make me stronger.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R8. I tend to bounce back after illness, injury, or other hardships.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R9. Good or bad, I believe that most things happen for a reason.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R10. I give my best effort no matter what the outcome may be.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R11. I believe I can achieve my goals, even if there are obstacles.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

- R12. Even when things look hopeless, I don't give up.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R13. During times of stress/crisis, I know where to turn for help.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R14. Under pressure, I stay focused and think clearly.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R15. I prefer to take the lead in solving problems rather than letting others make all the decisions.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R16. I am not easily discouraged by failure.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R17. I think of myself as a strong person when dealing with life's challenges and difficulties.
 Not true at all..... 1
 Rarely true.....2
 Sometimes true3
 Often true4
 True nearly all the time..5
 DON'T KNOW8
 REFUSED9
- R18. I can make unpopular or difficult decisions that affect other people, if it is necessary.
 Not true at all..... 1

Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.

Not true at all..... 1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.

Not true at all..... 1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R21. I have a strong sense of purpose in life.

Not true at all..... 1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R22. I feel in control of my life.

Not true at all..... 1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R23. I like challenges.

Not true at all..... 1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R24. I work to attain my goals no matter what roadblocks I encounter along the way.

Not true at all..... 1
Rarely true.....2
Sometimes true3

Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

R25. I take pride in my achievements.

Not true at all.....1
Rarely true.....2
Sometimes true3
Often true4
True nearly all the time..5
DON'T KNOW8
REFUSED9

Section S: Anxiety Scale

Now I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the last two weeks.

S1. Over the last 2 weeks, how many days have you been nervous, anxious, or on edge?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S2. Over the last 2 weeks, how many days have you not been able to stop or control worrying?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S3. Over the last 2 weeks, how many days have you worried too much about different things?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S4. Over the last 2 weeks, how many days have you had trouble relaxing?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S5. Over the last 2 weeks, how many days have you been so restless that it was hard to sit still?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S6. Over the last 2 weeks, how many days have you been easily annoyed or irritable?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

S7. Over the last 2 weeks, how many days have you felt afraid as if something awful might happen?

01-14 DAYS..... 1
NONE0
DON'T KNOW.....8
REFUSED.....9

Section T: PTSD Scale

The following questions are about any traumatic experiences.

During the past 30 days , have you ...

T1. Had nightmares about the oil spill or any clean-up efforts you engaged in or thought about it when you did not want to?

YES..... 1
NO2
DON'T KNOW.....8
REFUSED.....9

T2. Tried hard not to think about the oil spill or any clean-up efforts you engaged in or went out of your way to avoid situations that remind you of it?

YES..... 1
NO2
DON'T KNOW.....8
REFUSED.....9

T3. Been constantly on guard, watchful, or easily startled?

YES..... 1
NO2
DON'T KNOW.....8
REFUSED.....9

T4. Felt numb or detached from others, activities, or your surroundings?

YES..... 1
NO2
DON'T KNOW.....8
REFUSED.....9

Section U: Traumatic Events Scale

Now I would like to ask you some questions about traumatic events you may have experienced in your lifetime. Please tell me if you have experienced them and how many times they have occurred.

U1. Have you ever served in a war-zone or in a noncombat job that exposed you to war-related casualties, such as working as a medic or on graves registration duty?

- NEVER 1
- ONCE 2
- TWICE 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8
- REFUSED 9

U1a. How old were you when this first happened?

- I __ II __ I AGE
- DON'T KNOW 8
- REFUSED 9

U2. Have you ever been in a serious car accident, or serious accident at work or somewhere else?

- NEVER 1
- ONCE 2
- TWICE 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8
- REFUSED 9

U2a. How old were you when this first happened?

- I __ II __ I AGE
- DON'T KNOW 8
- REFUSED 9

U3. Have you ever been in a major natural disaster, such as a fire, tornado, hurricane, flood, or earthquake?

- NEVER 1
- ONCE 2
- TWICE 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8
- REFUSED 9

U3a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U4. Have you ever been in a major man-made disaster other than the Deepwater Horizon oil spill, such as another oil spill, a chemical spill, terrorist event, or airplane or railroad accident?

NEVER 1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

DON'T KNOW.....8

REFUSED.....9

U4a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U5. Have you ever had a life-threatening illness, such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, and so forth?

NEVER 1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

DON'T KNOW.....8

REFUSED.....9

U5a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U6. Have you ever been attacked, beaten up, or mugged by anyone, including friends, family members, or strangers?

NEVER 1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

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

U6a. How old were you when this first happened?

I__II__I AGE
DON'T KNOW.....8
REFUSED.....9

U7. As a child, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps, or other injuries?

NEVER 1
ONCE2
TWICE3
3 TIMES.....4
4 TIMES.....5
5 TIMES.....6
MORE THAN 5 TIMES7
DON'T KNOW.....8
REFUSED.....9

U7a. How old were you when this first happened?

I__II__I AGE
DON'T KNOW.....8
REFUSED.....9

U8. Have you ever been in a situation in which someone made or pressured you into having some type of unwanted sexual contact?

NEVER 1
ONCE2
TWICE3
3 TIMES.....4
4 TIMES.....5
5 TIMES.....6
MORE THAN 5 TIMES7
DON'T KNOW.....8
REFUSED.....9

U8a. How old were you when this first happened?

I__II__I AGE
DON'T KNOW.....8
REFUSED.....9

U9. Have you ever been in any other situation in which you were seriously injured or in which you feared you might be seriously injured or killed?

YES..... 1
NO2
DON'T KNOW.....8
REFUSED.....9

U9a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U10. Have you ever witnessed a situation in which someone with whom you were very close was seriously injured or killed, or in which you feared someone would be seriously injured or killed?

NEVER1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

DON'T KNOW.....8

REFUSED.....9

U10a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U11. Have you ever witnessed a situation in which someone with whom you were not so close was seriously injured or killed or in which you feared someone would be seriously injured or killed?

NEVER1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

DON'T KNOW.....8

REFUSED.....9

U11a. How old were you when this first happened?

I __ II __ I AGE

DON'T KNOW.....8

REFUSED.....9

U12. Have any close family members or friends died violently, for example, in a serious car crash, mugging, or attack?

NEVER1

ONCE2

TWICE3

3 TIMES.....4

4 TIMES.....5

5 TIMES.....6

MORE THAN 5 TIMES7

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

U12a. How old were you when this first happened?

I__II__I AGE

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

U13. Have you experienced the death of any of your children?

NEVER 1
ONCE2
TWICE3
3 TIMES.....4
4 TIMES.....5
5 TIMES.....6
MORE THAN 5 TIMES7
DON'T KNOW.....8
REFUSED.....9

U14. Have you experienced a seriously traumatic event not already covered in any of these questions?

YES..... 1
NO2 [GO TO NEXT SECTION]
DON'T KNOW8 [GO TO NEXT SECTION]
REFUSED9 [GO TO NEXT SECTION]

U14a. Please describe your experience.

[FREE TEXT FIELD]

U14b. How old were you when this happened?

I__II__II AGE

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

Section V: Financial Events Scale

Now I would like to ask you some questions regarding your finances.

During the past 12 months have you...

[INTERVIEWER NOTE: AFTER EVERY 5 QUESTIONS, REPEAT “*During the past 12 months have you...*”.]

V1. Been evicted due to not paying rent?

YES.....1
NO2
DON'T KNOW.....8
REFUSED.....9

V2.

Received assistance from non-government organizations such as church or community groups?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

R

V3. Applied for federal government disability benefits?

YES, AND RECEIVED IT 1
YES, BUT WAS DENIED IT 2
NO 3
DON'T KNOW 8
REFUSED..... 9

V4. Borrowed money from friends or family to help pay bills?

YES.....1
NO, I ASKED BUT WAS TURNED DOWN2
NO, I DIDN'T ASK.....3
DON'T KNOW8
REFUSED9

V5. Sold possessions or property to raise money?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V6. Spouse or partner *began* to work outside of the home?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V7. Spouse or partner *stopped* working outside of the home?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V8. Cashed in life insurance?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V9. Changed residence to save money, for example, moving somewhere with lower rent, sleeping on a couch with friends or family, living on a boat, etcetera?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V10.

ook in a housemate to increase income?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

T

V11.

duced medical insurance?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

R

V12.

Eliminated medical insurance?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V13.

hanged food shopping habits to save money?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

C

V14.

hanged eating habits to save money?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

C

V15.

ostponed paying property tax?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

P

V16.

ostponed paying rent?

P

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V17. Received shut-off warning(s) regarding utilities such as electricity, gas, water, phone, or cable due to late payment?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

V18. Utilities were *actually* shut-off due to late payment or non-payment?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

U

V19. Cut back on social activities and entertainment expenses?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

C

V20. Postponed major household purchases?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

P

V21. Postponed clothing purchases?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

P

V22. Changed transportation patterns to save money?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

C

V23. Cut back on charitable donations and/or tithing?

YES.....1
NO2
DON'T KNOW8
REFUSED.....9

C

V24.

R

educed household utility use?
 YES.....1
 NO2
 DON'T KNOW8
 REFUSED.....9

During the past 12 months...

V25.

ave you taken on additional employment to help meet expenses?
 YES..... 1
 NO, I SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY 2
 NO, I DIDN'T TRY TO FIND ANY 3
 DON'T KNOW..... 8
 REFUSED..... 9

H

V26.

as your spouse taken on additional employment to help meet expenses?
 YES..... 1
 NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY .. 2
 NO, HE/SHE DIDN'T TRY TO FIND ANY 3
 N/A..... 4
 DON'T KNOW..... 8
 REFUSED..... 9

H

V27. Has your child taken on additional employment to help meet expenses?

YES..... 1
 NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY .. 2
 NO, HE/SHE DIDN'T TRY TO FIND ANY 3
 N/A..... 4
 DON'T KNOW..... 8
 REFUSED..... 9

Section W: Social Support Scale

Now I would like to ask a few questions about your friends and family.

W1. Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

- YES 1
- NO 2
- I DON'T NEED HELP 3
- DON'T KNOW 8
- REFUSED 9

W2. In the last 12 months, who has been helpful in providing you with emotional support?

[CHECK ALL THAT APPLY]

- SPOUSE 10
- DAUGHTER 11
- SON 12
- SISTER/BROTHER 13
- PARENT 14
- OTHER RELATIVE 15
- NEIGHBORS 16
- CO-WORKERS 17
- CHURCH MEMBERS 18
- CLUB MEMBERS 19
- PROFESSIONALS 20
- FRIENDS 21
- OTHER 22
- NO ONE 23
- DON'T KNOW 8
- REFUSED 9

W3. In the last 12 months, could you have used more emotional support than you received?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

W3a. Concerning emotional support, would you say that you could have used...?

- A lot more 1
- Some more 2
- A little more 3
- DON'T KNOW 8
- REFUSED 9

W4. How often do you attend church or religious services?

I __ II __ NUMBER OF TIMES

- UNITS 1
- DAY 2
- WEEK 3
- MONTH 4
- YEAR 5
- DON'T KNOW 8
- REFUSED 9

W5. Is there someone you could count on to help you if you were sick, for example, to take you to the doctor or help you with daily chores?

- YES 1
- NO 2
- YES, BUT I WOULDN'T ACCEPT IT 3
- DON'T KNOW 8
- REFUSED 9

W6. If you need some extra help financially, could you count on anyone to help you, for example, by paying any bills, housing costs, medical expenses, or providing you with food or clothes?

- YES 1
- NO 2
- YES, BUT I WOULDN'T ACCEPT IT 3
- DON'T KNOW 8
- REFUSED 9

W7. In general how many close friends do you have?

[INTERVIEWER PROBE: By "close friends" I mean relatives or non-relatives that you feel at ease with, can talk to about private matters, and can call on for help]

- I ___ II ___ I NUMBER OF CLOSE FRIENDS
- DON'T KNOW 8
- REFUSED 9