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ATTACHMENT 10: *Supplemental Youth and Young Adult Interview – 12 & 24 Month*

Module 1: ACASI/Tablet tutorial

Tutorial

INTRO1

Welcome to RTI's self-interviewing system, which lets you control the interview and answer in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back-up if you make a mistake and want to change an answer. Using your mouse, press the "Next" button on the bottom of the screen to move to the next screen.

INTRO2

In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn down the voice.

Press "Next" to continue.

GOTDOG

You answer questions by selecting the button that is shown next to your answer.

To answer a question, you first select the correct button and then press "Next."

Practice Question #1: Do you have a dog?

Question Type: TYESNOCAPS

1 YES

0 NO

EYECOLOR

The last question was a Yes-No question. Other questions will have more answers to choose from, and you will pick your answer from a list.

Practice Question #2: What color are your eyes? Press the button that best fits you and press the "Next" key.

Question Type: TCOLOR

1 Blue

- 2 Brown
- 3 Gray
- 4 Green
- 5 Some other color

ALLAPPLY

Some questions will let you choose more than one answer. For these questions, you will be able to select more than one response option. Practice this now.

Practice Question #3: What kinds of music do you listen to?

To select more than one kind of music from the list, select the squares next to more than one type of music. When you have finished, press “Next” to go to the next question.

Question Type: TMUSIC

- 1 Classical
- 2 Country
- 3 Hip Hop
- 4 Jazz
- 5 Latin American/Spanish
- 6 Folk/Traditional
- 7 Pop/Rock
- 8 Soul/R&B
- 9 Something Else

NUMBER

Other questions will ask you to type in a number instead of choosing a number from a list.

Practice Question #4: In the past 30 days, on how many days did you eat breakfast? Click on the text box and when the blinking cursor appears, type in the number of days you ate breakfast and press “Next.”

If you enter an invalid response, a pop-up window will ask you to correct your response. If you get the pop-up window, click “Close” and then correct your response. Then, press “Next” again.

Question Type: Numeric Range [0-30]

_____ [RANGE: 0 - 30]

BACKUP

If you want to change or see your answer to a previous question, you can back up using the “Previous” button. Each time you press the “Previous” button, the computer will go back one question.

You can tell the computer to repeat a question by pressing [TBD].

When you are finished, press “Next” to continue.

Try this now.

PLAYINFO

In some questions, you can use the “Help” button to see and hear extra information to help you answer a question. First listen to the question.

Practice Question #5: In the past 30 days, on how many days did you eat any kind of fried potatoes?

Question Type: Numeric Range [0-30]

Now press “Help” to see and hear examples of fried potatoes.

- French fries
- Home fries
- Hash brown potatoes

Press “Close” to exit this box. Then, type in your response to the question.

Module 2: Demographic characteristics

GENDER

Now that you have completed the tutorial, you are ready to begin the Supplemental Youth and Young Adult Interview.

To start, we would like to know some back ground information about you. The first few questions are for statistical purposes only, to help us analyze the results of the study.

What is your gender?

Question Type: GENDER

- 1 Male
- 2 Female
- 3 Different identity

YOB

2. What is your year of birth?

Question Type: YOB

Display year of birth (1989-2001) in a drop down menu.

Module 3: Living situation

LIVING

These next few questions ask about your living situation.

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

Question Type: Living

- 1 Place not meant for living in (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- 2 Emergency shelter, including hotel or motel
- 3 Staying or living with family/friends (e.g., room, apartment or house)
- 4 Transition Housing
- 5 Substance abuse treatment facility or detox center
- 6 Residential treatment (substance abuse or mental health)
- 7 Therapeutic community or halfway house
- 8 Psychiatric hospital or other psychiatric facility
- 9 Long-term care facility or nursing home
- 10 Hospital or other residential non-psychiatric medical facility
- 11 Permanent supportive housing
- 12 Foster care home or foster care group home
- 13 Jail, prison, or juvenile detention facility
- 14 House rented by you
- 15 House owned by you
- 16 Other

S2NUMRES

Altogether, how many people live here now, **including yourself**? Please include anyone who has lived here most of the time in the last three months.

NOTE:

If you are living in a transient shelter, enter "1".

If you are living in a group quarters unit that is listed by room, enter the number of people living in the room.

Question Type: Numeric Range [1-25]

IN HOUSEHOLD: [RANGE: 1 - 25]

REL1 - REL24

[IF S2NUMRES = 2 - 25] Now I need some additional information about each person who lives here. For each person who lives with you, please indicate which category best describes their relationship to you.

NOTE:

Exchange families (exchange students or people who are hosting exchange students) should be considered "other non-relatives."

Question Type: Household Relationship

- 1 Self
- 2 Father or Mother (Includes Step, Foster, Adoptive)
- 3 Son or Daughter (Includes Step, Foster, Adoptive)
- 4 Brother or Sister (Includes Half, Step, Foster, Adoptive)

- 5 Husband or Wife
- 6 Unmarried Partner
- 7 Housemate or Roommate
- 8 Son-In-Law or Daughter-In-Law
- 9 Grandchild
- 10 Father-In-Law or Mother-In-Law
- 11 Grandfather or Grandmother
- 12 Boarder or Roomer
- 13 Other Relative
- 14 Other Non-Relative

Logic After:

A table should appear displaying the number of rows provided as a response to S1NUMRES. The response options are then displayed in a drop down menu to be selected for each row.

S2QD13

How many times in the past 12 months have you moved? Please include moves from one residence to another within the same city/town as well as those from one city/town to another.

NUMBER OF TIMES:

Question Type: Numeric Range [0-365]

[RANGE: 0 - 365]

S2LS5

5. In the past 30 days, how many nights have you been homeless?

NUMBER OF NIGHTS:

Question Type: Numeric Range [0-30]

Module 4: Education

ENROLLED

These next questions are about school.

1. Are you now attending or are you currently enrolled in school? By “school,” we mean an elementary school, a junior high or middle school, a high school, or a college or university, or a technical or vocational school or GED program. Please include home schooling as well.

Question Type: TYESNOCAPS

SCHBREAK

1a. [IF Q1=2 OR DK/REF] Are you currently on a holiday or vacation break from school?

Question Type: TYESNOCAPS

SCHRTN

1b. [IF Q1a = 1] Do you plan to return to school when your holiday or vacation is over?

Question Type: TYESNOCAPS

TYPESCH

2. [IFQ1 = 1] What type of school are you currently attending?

[IF Q1b = 1] What type of school will you be attending?

Question Type: School Attending

- 1 Middle School/ Junior High School
- 2 High School
- 3 GED Program
- 4 Technical or Vocational School
- 5 2 year College or University
- 6 4 year College or University

FULLTIME

3. [IF QD1 = 1] Are you a full-time student or a part-time student?

[IF QD1b = 1] Will you be a full-time student or a part-time student?

Question Type: Full/Part Time

- 1 Full-time
- 2 Part-time

NOSCHOOL

The next questions are about school and classes. In answering these, please think about any types of classes that you might take. These could be in high school, college, GED classes, a vocational or certificate program, etc.

4. [IF Q1a = 2 OR Q1b = 2] You said earlier that you are not involved in any sort of school or classes now. Do you expect to be taking classes in the next month?

Question Type: Certain Scale

- 1 No
- 2 Probably Not

- 3 Don't know/Uncertain
- 4 Probably
- 5 Certainly

Module 5: Employment

WORK

These next questions ask about your experiences working.

Did you work at a job or business at any time **last week**? By last week, I mean the week beginning on Sunday and ending on Saturday.

Press “Help” to see and hear information about **unpaid** work.

Question Type: TYESNOCAPS

IF HELP IS PRESSED, PLEASE DISPLAY:

- Please include unpaid work in a family farm or business if you usually work more than 15 hours each week.
- If you are a student who is given a stipend do not count that as working.
- If you do volunteer work do not count that as working.
- If you provide personal labor in exchange for work done for you, rather than for pay, please count that as working.

Press “Close” to exit this box. Then, type in your response to the question.

HAVEJOB

2. [IF Q1 = 2] Even though you did not work at any time last week, did you **have** a job or business? Press F2 to see and hear information about **unpaid** work.

Question Type: TYESNOCAPS

IF F2 IS PRESSED, PLEASE DISPLAY:

- Please include unpaid work in a family farm or business if you usually work more than 15 hours each week.
- If you are a student who is given a stipend do not count that as working.
- If you do volunteer work do not count that as working.
- If you provide personal labor in exchange for work done for you, rather than for pay, please count that as working.

Press Enter to close this box. Then, type in your response to the question.

FUTUREWORK

3. [IF Q1=2 AND Q2 = 2] You indicated that you are not currently employed. Do you expect to be employed in the next month?

Question Type: Certain Scale

PASTYRWORK

4. [IF Q1 = DK/REF OR Q2 = 2 OR DK/REF] Now, think about the past 12 months. Did you work at a job or business at any time during the past 12 months?

Question Type: TYESNOCAPS

SATISWORK

5. [IF Q1 =1] How satisfied are you with this job?

Question Type: Satisfied Scale

- 6 – Very satisfied
- 5 – Fairly satisfied
- 4 – A little satisfied
- 3 – A little dissatisfied
- 2 – Fairly dissatisfied
- 1 – Very dissatisfied
- DK/REF

HRSWORK

6. [IF Q1 =1] How many hours did you work **last week** at all jobs or businesses?

OF HOURS WORKED:

Question Type: Numeric Range [1-120]

[RANGE: 1 - 120]

DK/REF

FTWORK

7. [IF (Q3 = 1 - 120 OR DK/REF) OR Q2 = 1] Do you **usually** work 35 hours or more per week at **all** jobs or businesses?

Question Type: TYESNOCAPS

SEWORK

8. [IF Q1 = 1 OR Q4 = 1 OR Q2 = 1. Have you been self-employed at any time during the past 12 months?

Question Type: TYESNOCAPS

PSTYRNOWK

9. [IF Q1 = 1 OR Q2 = 1] During the past 12 months, was there ever a time when you did **not** have at least one job or business?

Question Type: TYESNOCAPS

Module 6: Youth/Young Adult Income

SSI

These next questions ask about income that you may earn.

1. Supplemental Security Income or SSI is a program administered by a government agency that makes assistance payments to low income, aged, blind, and disabled persons. This is not the same as Social Security. In 2016, did you receive Supplemental Security Income or SSI?

Question Type: TYESNOCAPS

3MTHSSI

Are you currently receiving or, within the next three months, do you intend to pursue Supplemental Security Income or SSI as a result of an emotional or behavioral health problem or related disability?

Question Type: TYESNOCAPS

HRWAGE

3. [IF M5Q1=1 OR M5Q2 = 1] Thinking about your income earned at a job or business, about how much do you make per hour of work?

HOURLY WAGE:

Question Type: Numeric Range [0.00-100.00]

DK/REF

WAGERNG

[IF S1YI3 = Blank] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of mental health care services or have conditions more or less often than those in another group.

Using the ranges provide below, please indicate your approximate hourly wage.

Question Type: Wage Range

- 1 Less than \$7.00 per hour
- 2 Between \$7.00 and \$7.99 per hour
- 3 Between \$8.00 and \$8.99 per hour
- 4 Between \$9.00 and \$9.99 per hour
- 5 Between \$10.00 and \$10.99 per hour
- 6 Between \$11.00 and \$12.99 per hour
- 7 Between \$13.00 and \$14.99 per hour
- 8 Between \$15.00 and \$19.99 per hour
- 9 \$20.00 or more per hour

Module 7: General health

GENHLTH

1. This question is about your overall health. Would you say your health in general is excellent, very good, good, fair, or poor?

Question Type: Good Range

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

DK/REF

Module 8: Health Insurance

HTHINS

These next questions ask about health care programs you might be enrolled in.

1. Are you currently covered by any kind of health insurance, that is, any policy or program that provides or pays for medical care?

Question Type: TYESNOCAPS

NOHTHINS

2. During the past 12 months, was there any time when you did **not** have **any** kind of health insurance or coverage?

Question Type: TYESNOCAPS

Module 9: Arrest/Criminal Justice involvement

PYARREST

These next questions ask about your arrest history or any involvement with the criminal justice system.

1. Not counting minor traffic violations, **in the past 12 months** have you been arrested and booked for breaking the law?

Being 'booked' means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

Question Type: TYESNOCAPS

PYJAIL

2. These next questions are about experiences with the justice system.

During the past 12 months, did you stay **overnight or longer** in **any type of prison, jail, or juvenile detention center**?

Question Type: TYESNOCAPS

Module 10: General Mental Health

NERVE30

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

1. During the past 30 days, about how often did you feel...

a. nervous?

Question Type: Often Range

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

HOPE30

b. hopeless?

Question Type: Often Range

FIDG30

c. restless or fidgety?

Question Type: Often Range

NOCHR30

d. so depressed that nothing could cheer you up?

Question Type: Often Range

EFFORT30

e. that everything was an effort?

Question Type: Often Range

DOWN30

f. down on yourself, no good or worthless?

Question Type: Often Range

Logic After:

Display items NERVE30 – DOWN30 on the same screen in a table with the response options in columns on the right side.

DEFINE DISTRESS:

IF Q1A = 1-4 OR Q1B = 1-4 OR Q1C = 1-4, OR Q1D = 1-4
OR Q1E = 1-4 OR Q1F = 1-4, THEN DISTRESS = 1
ELSE, DISTRESS = 2

[IF DISTRESS = 2, Q2=4]

OFTDISTR

2. [IF DISTRESS =1] The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur More often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, select response option “About the same as usual.”)

Question Type: Often Range 2

- 1 A lot more often than usual
 - 2 Somewhat more often than usual
 - 3 A little more often than usual
 - 4 About the same as usual
 - 5 A little less often than usual
 - 6 Somewhat less often than usual
 - 7 A lot less often than usual
- DK/REF

D30NWRK

3. [IF DISTRESS =1] During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

Number of Days:

Question Type: Numeric Range [0-30]

D30HALF

[IF S1DISTRESS =1]

[IFS1MH3 > 0]In the previous question you reported that you were totally unable to work or carry out your normal activities [Fill S1MH3] days a month because of these feelings.

Not counting the [Fill S1MH3] days you reported in the previous question, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

[IFS1MH3 = 0] How many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

Number of Days:

Question Type: Numeric Range [0-30]

D30DOCTOR

5. [IF DISTRESS =1] During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

Number of Times:

Question Type: Numeric Range [0-30]

D30HEALTH

6. [IF DISTRESS =1] During the past 30 days, how often have physical health problems been the main cause of these feelings?

Question Type: Often Range

Module 11: Functional Impairment

LIKERT

M11INTRO: [IF DISTRESS=1] The next questions are about how much your emotions, nerves, or mental health caused you to have **difficulties in daily activities**.

In answering, think of the **one month** in the past 12 months when your emotions, nerves, or mental health interfered **most** with your daily activities.

Press [ENTER] to continue.

LIREMEM

1. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **remembering to do things you needed to do?**

Question Type: Difficulty Range

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- DK/REF

LICONCEN

2. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **concentrating on doing something important when other things were going on around you?**

Question Type: Difficulty Range

LIGOOUT1

3. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **going out of the house and getting around on your own?**

Question Type: Difficulty Range House

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 You didn't leave the house on your own
- DK/REF

LISTRANI

4. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **dealing with people you did not know well?**

Question Type: Difficulty Range People

- 1 No difficulty
- 2 Mild difficulty

- 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't deal with people you did not know well
- DK/REF

LISOC1

5. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **participating in social activities, like visiting friends or going to parties?**

Question Type: Difficulty Range Social

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't participate in social activities
- DK/REF

LIHHRES1

6. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **taking care of household responsibilities?**

Question Type: Difficulty Range Household

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't take care of household responsibilities
- DK/REF

LIWKRES1

7. [IF DISTRESS =1] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **taking care of your daily responsibilities at work or school?**

Question Type: Difficulty Range Work

- 1 No difficulty
 - 2 Mild difficulty
 - 3 Moderate difficulty
 - 4 Severe difficulty
 - 5 You didn't work or go to school
- DK/REF

LIWKQUIC

8. [IF DISTRESS =1 AND Q7 NE 5] During that one month when your emotions, nerves or mental health interfered **most** with your daily activities how much difficulty did you have **getting your daily work done as quickly as needed?**

Question Type: Difficulty Range

Module 13: Behavior Disorders and Substance Use

GSSINTRO

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month," "2-12 months ago," "1 or more years ago," or "never."

GSSLIED

1. <u>When was the last time<u>_that you did the following things two or more times?

a. Lied or conned to get things you wanted or to avoid having to do something?

Question Type: Time Range

3 Past month

2 2 to 12 months ago

1 1+ years ago

0 Never

DK/REF

GSSATTEN

b. Had a hard time paying attention at school, work, or home?

Question Type: Time Range

GSSLISTEN

c. Had a hard time listening to instructions at school, work, or home?

Question Type: Time Range

GSSBULLY

d. Were a bully or threatened other people?

Question Type: Time Range

GSSFIGHT

e. Started physical fights with other people?

Question Type: Time Range

Logic After:

Display questions GSSLIED - GSSFIGHT on the same screen in a table with the response options in columns on the right side of the table.

GSSALCH

2a. When was the last time that you used alcohol or other drugs weekly or more often?

Question Type: Time Range

GSSGUF

2b. When was the last time that you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?

Question Type: Time Range

GSSPROB

2c. When was the last time that you kept using alcohol or other drugs even through it was causing social problems, leading to fights, or getting you into trouble with other people?

Question Type: Time Range

GSSIMP

2d. When was the last time that your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?

Question Type: Time Range

GSSWITH

2e. When was the last time that you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?

Question Type: Time Range

Module 14: Trauma Symptoms

PCLBOTHER

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully, and indicate how much you have been bothered by that problem in the past 30 days, ranging from not at all bothered to extremely bothered.

In the past 30 days,

1. ... have you been bothered by repeated disturbing memories, thoughts, or images of a stressful experience from the past?

Question Type: Bothered Range

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- DK/REF

PCLFEEL

2. ... have you been feeling very upset when something reminded you of a stressful experience from the past?

Question Type: Bothered Range

PCLAVOID

3. ... have you avoided activities or situations because they remind you of a stressful experience from the past?

Question Type: Bothered Range

PCLDIST

4. ... have you been feeling distant or cut off from other people?

Question Type: Bothered Range

PCLIRRT

5. ... have you been feeling irritable or having angry outbursts?

Question Type: Bothered Range

PCLCONC

6. ... have you been having difficulty concentrating?

Question Type: Bothered Range

Logic After:

Display questions PCLBOTHER – PCLCONC on the same screen in a table with the response options in columns on the right side of the table.

Module 15: Mental Health Service Use

ADINTRO

These next questions are about treatment and counseling for problems with emotions, nerves or mental health. Please do not include treatment for alcohol or drug use.
Press [ENTER] to continue.

ADMT13

1. The list below includes some of the places where people can get **outpatient** treatment or counseling for problems with their emotions, nerves, or mental health.

- An outpatient mental health clinic or center
- The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- A doctor's office that was not part of a clinic
- An outpatient medical clinic
- A partial day hospital or day treatment program
- Some other place

During the past 12 months, did you receive any **outpatient** treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? Please do not include treatment for alcohol or drug use.

Question Type: TYESNOCAPS

ADMT14

2. [IF Q1= 1] Where did you receive outpatient mental health treatment or counseling during the past 12 months?

Question Type: Outpatient Treatment

1. An outpatient mental health clinic or center
2. The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
3. A doctor's office that was not part of a clinic
4. An outpatient medical clinic
5. A partial day hospital or day treatment program
6. Some other place

DK/REF

ADMT16

2_1. [IF Q2 = 1] During the past 12 months, how many **visits** did you make to an **outpatient** mental health clinic or center for mental health care?

OF VISITS:

Question Type: Numeric Range [1 - 366]

[RANGE: 1 - 366]

DK/REF

ADMT17

2_2. [IF Q2 = 2] During the past 12 months, how many **outpatient visits** did you make to a private therapist, psychologist, psychiatrist, social worker, or counselor for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT18

2_3. [IF Q2 = 3] During the past 12 months, how many **outpatient visits** did you make to a doctor's office for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT19

2_4. [IF Q2 = 4] During the past 12 months, how many **outpatient visits** did you make to an outpatient medical clinic for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT20

2_5. [IF Q2 = 5] During the past 12 months, how many **outpatient visits** did you make to a partial day hospital or day treatment program for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT21

2_6. [IF Q2 = 6] During the past 12 months, how many **outpatient visits** did you make to some other type of facility for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT01

3. During the past 12 months, have you stayed **overnight or longer** in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? Please do not include treatment for alcohol or drug use.

Question Type: TYESNOCAPS

ADMT02

4. [IF Q3 = 1] Where did you stay overnight or longer to receive mental health treatment or counseling during the past 12 months?

Question Type: Overnight Treatment

1 A private or public psychiatric hospital

2 A psychiatric unit of a general hospital

3 A medical unit of a general hospital

4 Another type of hospital

5 A residential treatment center

6 Some other type of facility

DK/REF

ADMT04

4_1. [IF Q4 = 1] During the past 12 months, how many **nights** did you spend in a private or public psychiatric hospital for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT05

4_2. [IF Q4 = 2] During the past 12 months, how many **nights** did you spend in the psychiatric unit of a general hospital for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT06

4_3. [IF Q4 = 3] During the past 12 months, how many **nights** did you spend in the medical unit of a general hospital for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT07

4_4. [IF Q4 = 4] During the past 12 months, how many **nights** did you spend in some other type of hospital for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT08

4_5. [IF Q4 = 5] During the past 12 months, how many **nights** did you spend in a residential treatment center for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT09

4_6. [IF Q4 = 6] During the past 12 months, how many **nights** did you spend in some other type of facility for mental health care?

Question Type: Numeric Range [1 - 366]

ADMT25

5. During the past 12 months, did you take any **prescription medication** that was prescribed for you to treat a mental or emotional condition?

Question Type: TYESNOCAPS

ADMT25a

[IF S1ADMT25 = 1] Are you currently taking any **prescription medication** that was prescribed for you to treat a mental or emotional condition?

Question Type: TYESNOCAPS

ADMT26

7. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

Question Type: TYESNOCAPS

ADMT27

7a. [IF Q7 = 1] Which of these statements explain why you did not get the mental health treatment or counseling you needed? To select more than one reason from the list, press the space bar between each number you type. When you have finished, press [ENTER].

Question Type: Reasons

1 You couldn't afford the cost.

- 2 You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - 3 You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
 - 4 Your health insurance does not cover any mental health treatment or counseling.
 - 5 Your health insurance does not pay enough for mental health treatment or counseling.
 - 6 You did not know where to go to get services.
 - 7 You were concerned that the information you gave the counselor might not be kept confidential.
 - 8 You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
 - 9 Some other reason or reasons.
- DK/REF

ADMT27A

7b. [IF ANY ENTRY IN 7a = 9] Which of these statements explain why you did not get the mental health treatment or counseling you needed? To select more than one reason from the list, press the space bar between each number you type. When you have finished, press [ENTER].

Question Type: Other Reason

- 1 You didn't think you needed treatment at the time.
 - 2 You thought you could handle the problem without treatment.
 - 3 You didn't think treatment would help.
 - 4 You didn't have time (because of job, childcare, or other commitments).
 - 5 You didn't want others to find out that you needed treatment.
 - 6 You had no transportation, or treatment was too far away, or the hours were not convenient.
 - 7 Some other reason or reasons.
- DK/REF

Module 16: Victimization and Violence [ITEMS FROM MACARTHUR COMMUNITY VIOLENCE INSTRUMENT]

MCVINTRO

An important part of our research is to see how often people have problems with one another. We know that many of these disputes aren't out of the ordinary for many people. These next questions ask about several types of problems that happen in some people's lives. We would like you to tell us if they have happened in the past 12 months.

MCVTHROWN

In the past 12 months, ...

1a. has anyone thrown something at you?

Question Type: TYESNOCAPS

MCVTHROWN2

1b. have you thrown something at anyone?

Question Type: TYESNOCAPS

Logic After:

Display items MCVTHROWN - MCVTHROWN2 on the same screen.

MCVPUSH

In the past 12 months, ...

2a. has anyone pushed, grabbed, or shoved you?

Question Type: TYESNOCAPS

MCVPUSH2

2b. have you pushed, grabbed, or shoved anyone?

Question Type: TYESNOCAPS

Logic After:

Display items MCVPUSH - MCVPUSH2 on the same screen.

MCVSLAP

In the past 12 months, ...

3a. has anyone slapped you?

Question Type: TYESNOCAPS

MCVSLAP2

3b. have you slapped anyone?

Question Type: TYESNOCAPS

Logic After:

Display items MCVSLAP - MCVSLAP2 on the same screen.

MCVKICK

In the past 12 months, ...

4a. has anyone kicked, bitten, or choked you?

Question Type: TYESNOCAPS

MCVKICK2

4b. have you kicked, bitten, or choked anyone?

Question Type: TYESNOCAPS

Logic After:

Display items MCVKICK- MCVKICK2 on the same screen.

MCVHIT

In the past 12 months, ...

5a. has anyone hit you with a fist or object or beaten you up?

Question Type: TYESNOCAPS

MCVHIT2

5b. have you hit anyone with a fist or object or beaten anyone up?

Question Type: TYESNOCAPS

Logic After:

Display items MCVHIT – MCVHIT2 on the same screen.

MCVSEX

In the past 12 months, ...

6a. has anyone tried to physically force you to have sex against your will?

Question Type: TYESNOCAPS

MCVSEX2

6b. have you tried to physically force anyone to have sex against their will?

Question Type: TYESNOCAPS

Logic After:

Display items MCVSEX – MCVSEX2 on the same screen.

MCVTHREAT

In the past 12 months, ...

7a. has anyone threatened you with a knife or gun or other lethal weapon?

Question Type: TYESNOCAPS

MCVTHREAT2

7b. have you threatened anyone with a knife or gun or other lethal weapon?

Question Type: TYESNOCAPS

Logic After:

Display items MCVTHREAT – MCVTHREAT2 on the same screen.

MCVWEAPON

In the past 12 months, ...

8a. has anyone used a knife or fired a gun at you?

Question Type: TYESNOCAPS

MCVWEAPON2

8b. have you used a knife or fired a gun at anyone?

Question Type: TYESNOCAPS

Logic After:

Display items MCVWEAPON – MCVWEAPON2 on the same screen.

Module17: Major Depressive Episode

ASC21

[IF CURNTAGE = 18 OR OLDER] Have you ever in your life had a period of time lasting several days or longer when most of the day you felt sad, empty or depressed?

Question Type: TYESNOCAPS

ASC22

[IF ASC21 = 2 OR DK/REF] Have you ever had a period of time lasting several days or longer when most of the day you were very discouraged about how things were going in your life?

Question Type: TYESNOCAPS

ASC23

[IF ASC22 = 2 or DK/REF] Have you ever had a period of time lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?

Question Type: TYESNOCAPS

AD01

[IF ASC21 = 1] During times when you felt sad, empty, or depressed most of the day, did you ever feel discouraged about how things were going in your life?

Question Type: TYESNOCAPS

AD01a

[IF AD01 = 1] During the times when you felt sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

Question Type: TYESNOCAPS

AD01b

[IF AD01 = 2 OR DK/REF] During the times when you felt sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

Question Type: TYESNOCAPS

AD02

[IF ASC22 = 1] During times when you felt discouraged about how things were going in your life, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

Question Type: TYESNOCAPS

AD09

[IF ASC23= 1] Did you ever have a period of time like this that lasted most of the day nearly every day for two weeks or longer?

Question Type: TYESNOCAPS

DEFINE FEELFILL:

IF (AD01a = 1), THEN FEELFILL = "were sad, discouraged, or lost interest in most things"

IF (AD01a = 2 OR DK/REF), THEN FEELFILL = "were sad or discouraged"
IF (AD01b = 1), THEN FEELFILL = "were sad or lost interest in most things"
IF (AD01b = 2 OR DK/REF) THEN FEELFILL = "were sad"
IF (AD02 = 1), THEN FEELFILL = "were discouraged or lost interest in most things"
IF (AD02 = 2 OR DK/REF), THEN FEELFILL = "were discouraged about the way things were going in your life"
IF (AD09 = 1), THEN FEELFILL = "lost interest in most things"
ELSE, FEELFILL = BLANK

DEFINE FEELNOUN:

IF (AD01a = 1), THEN FEELNOUN = "sadness, discouragement, or lack of interest"
IF (AD01a = 2 OR DK/REF), THEN FEELNOUN = "sadness or discouragement"
IF (AD01b = 1), THEN FEELNOUN = "sadness or lack of interest"
IF (AD01b = 2 OR DK/REF), THEN FEELNOUN = "sadness"
IF (AD02 = 1), THEN FEELNOUN = "discouragement or lack of interest"
IF (AD02 = 2 OR DK/REF), THEN FEELNOUN = "discouragement"
IF (AD09 = 1), THEN FEELNOUN = "lack of interest in most things"
ELSE FEELNOUN = BLANK

DEFINE NUMPROBS

IF AD01a NE BLANK OR AD01b = 1 OR AD02 = 1, THEN NUMPROBS = "these problems"
IF AD01b = (2 OR DK/REF) OR AD02 = (2 OR DK/REF) OR AD09 = 1, THEN
NUMPROBS = "this problem"
ELSE NUMPROBS = BLANK

DEFINE WASWERE:

IF AD01a NE BLANK OR AD01b = 1 OR AD02 = 1, THEN WASWERE = "were"
IF AD01b = (2 OR DK/REF) OR AD02 = (2 OR DK/REF) OR AD09 = 1, THEN
WASWERE = "was"
ELSE WASWERE = BLANK

AD12

[IF AD01a NE BLANK OR AD01b NE BLANK OR AD02 NE BLANK] Think about the times when you [FEELFILL]. Did you ever have a period of time like this that lasted most of the day, nearly every day, for two weeks or longer?

Question Type: TYESNOCAPS

AD16

[IF AD09 = 1 OR AD12 = 1] Think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most severe and frequent.

During those times, how long did your [FEELNOUN] usually last?

- 1 Less than 1 hour
 - 2 At least 1 hour but no more than 3 hours
 - 3 At least 3 hours but no more than 5 hours
 - 4 5 hours or more
- DK/REF

AD17

[IF AD16 = 2, 3, 4, OR DK/REF] Still thinking of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most severe and frequent, how severe was your emotional distress during those times?

- 1 Mild
- 2 Moderate
- 3 Severe

4 Very severe
DK/REF

AD18

[IF AD16 = 2, 3, 4, OR DK/REF] Again, think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most severe and frequent. How often, during those times, was your emotional distress so severe that nothing could cheer you up?

1 Often
2 Sometimes
3 Rarely
4 Never
DK/REF

AD19

[IF AD16 = 2, 3, 4, OR DK/REF] Once again, please think of times lasting two weeks or longer when [NUMPROBS] with your mood [WASWERE] most severe and frequent. How often, during those times, was your emotional distress so severe that you could not carry out your daily activities?

1 Often
2 Sometimes
3 Rarely
4 Never
DK/REF

AD21

[IF AD16 = (2, 3, 4 OR DK/REF) AND NOT (AD17 = 1 AND AD18 = 4 AND AD19 = 4) AND (ASC21=1 OR ASC22=1 OR ASC23=1) AND AD09 NE (2 OR DK/REF)] People who have problems with their mood often have other problems at the same time. These problems may include things like changes in:

- sleep
- appetite
- energy
- the ability to concentrate and remember
- feelings of low self-worth

Did you ever have any of these problems during a period of time when you [FEELFILL] for two weeks or longer?

Question Type: TYESNOCAPS

AD22

[IF AD21 = 1] Think again about these other problems we just mentioned. They include things like changes in

- sleep
- appetite

- energy
- the ability to concentrate and remember
- feelings of low self-worth

Please think of a time when you [FEELFILL] for two weeks or longer and you also had the largest number of these other problems at the same time.

Is there one particular time like this that stands out in your mind as the worst one you ever had?

Question Type: TYESNOCAPS

AD22a

[IF AD22 = 1] How old were you when that worst period of time started?

_____ YEARS OLD [RANGE: 1-110]

DK/REF

AD22c

[IF AD22 = 2 OR DK/REF] Then think of the most recent time when you [FEELFILL] for two weeks or longer and you also had the largest number of these other problems at the same time. How old were you when that time started?

_____ YEARS OLD

DK/REF

AD24a

[IF AD22a NE BLANK] In answering the next questions, think about the period of time when your [FEELNOUN] and other problems were the worst. [IF AD22c NE BLANK] In answering the next questions, think about the most recent period of time when you [FEELFILL] and had other problems at the same time.

During that time, did you feel sad, empty, or depressed most of the day nearly every day?

Question Type: TYESNOCAPS

AD24c

[IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you feel discouraged about how things were going in your life most of the day nearly every day?

Question Type: TYESNOCAPS

AD24e

[IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you lose interest in almost all things like work and hobbies and things you like to do for fun?

Question Type: TYESNOCAPS

AD24f

[IF AD22a NE BLANK OR AD22c NE BLANK] During that [TIMEFILL] period of time, did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?

Question Type: TYESNOCAPS

AD26a

[IF ANY AD24a – AD24f = 1] The next questions are about changes in appetite and weight. [IF AD22a NE BLANK] In answering the next questions, think about the period of time when your [FEELNOUN] and other problems were the worst. [IF AD22c NE BLANK] In answering the next questions, think about the most recent period of time when you [FEELFILL] and had other problems at the same time.

Did you have a much smaller appetite than usual nearly every day during that time?

Question Type: TYESNOCAPS

AD26b

[IF AD26a = 2 OR DK/REF] Did you have a much larger appetite than usual nearly every day?

Question Type: TYESNOCAPS

AD26c

[IF AD26a = 2 OR DK/REF] Did you gain weight without trying to during that [TIMEFILL] period of time?

Question Type: TYESNOCAPS

AD26c1

[IF AD26c = 1 AND (AD22a ≤ 21 OR AD22c ≤ 21)] Did you gain weight without trying to because you were growing?

Question Type: TYESNOCAPS

AD26c2

[IF AD26c = 1 AND AD26c1 NE YES AND M2Q1 = 2] Did you gain weight without trying to because you were pregnant?

Question Type: TYESNOCAPS

AD26d

[IF AD26c = 1 AND AD26c1 NE YES AND AD26c2 NE YES] How many pounds did you gain? Please enter your answer as a whole number.

OF POUNDS: _____ [RANGE: 0-200]

DK/REF

AD26e

[IF (AD26a = 1 OR AD26c=(2 OR DK/REF))] Did you lose weight without trying to?

Question Type: TYESNOCAPS

AD26e1

[IF AD26e = 1] Did you lose weight without trying to because you were sick or on a diet?

Question Type: TYESNOCAPS

AD26f

[IF AD26e1 = 2 OR DK/REF] How many pounds did you lose?

Please enter your answer as a whole number.

OF POUNDS: _____ [RANGE: 0-200]
DK/REF

AD26g

[IF AD26a NE BLANK] [IF AD22a NE BLANK] Again, please think about the period of time when your [FEELNOUN] and other problems were the worst.
[IF AD22c NE BLANK] Again, please think about the most recent period of time when you [FEELFILL] and had other problems at the same time.
Did you have a lot more trouble than usual falling asleep, staying asleep, or waking too early nearly every night during that [TIMEFILL] period of time?

Question Type: TYESNOCAPS

AD26h

[IF AD26g = 2 OR DK/REF] During that [TIMEFILL] period of time, did you sleep a lot more than usual nearly every night?

Question Type: TYESNOCAPS

AD26j

[IF AD26a NE BLANK] During that [TIMEFILL] period of time, did you feel tired or low in energy nearly every day, even when you had not been working very hard?

Question Type: TYESNOCAPS

AD26i

[IF AD26a NE BLANK] Did you talk or move more slowly than is normal for you nearly every day?

Question Type: TYESNOCAPS

AD26m

[IF AD26i = 1] Did anyone else notice that you were talking or moving slowly?

Question Type: TYESNOCAPS

AD26n

[IF AD26i = 2 OR DK/REF] Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?

Question Type: TYESNOCAPS

AD26o

[AD26n = 1] Did anyone else notice that you were restless?

Question Type: TYESNOCAPS

AD26p

[IF AD26a NE BLANK] The next questions are about changes in your ability to concentrate, and your feelings about yourself.

[IF AD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the worst.

[IF AD22c NE BLANK] Again, in answering these questions, think about the most recent period of time when you [FEELFILL] and had other problems at the same time.

During that [TIMEFILL] time, did your thoughts come much more slowly than usual or seem confused nearly every day?

Question Type: TYESNOCAPS

AD26r [IF AD26a NE BLANK] Did you have a lot more trouble concentrating than usual nearly every day?

Question Type: TYESNOCAPS

AD26s [IF AD26a NE BLANK] Were you unable to make decisions about things you ordinarily have no trouble deciding about?

Question Type: TYESNOCAPS

AD26u [IF AD26a NE BLANK] Did you feel that you were not as good as other people nearly every day?

Question Type: TYESNOCAPS

AD26v [IF AD26u = 1] Did you feel totally worthless nearly every day?

Question Type: TYESNOCAPS

AD26aa [IF AD26a NE BLANK] The next questions are about thoughts of death or suicide. [IF AD22a NE BLANK] Again, in answering these questions, think about the period of time when your [FEELNOUN] and other problems were the worst.

[IF AD22c NE BLANK] Again, in answering these questions, think about the most recent period of time when you [FEELFILL] and had other problems at the same time.

Did you often think a lot about death, either your own, someone else's, or death in general?

Question Type: TYESNOCAPS

AD26bb [IF AD26a NE BLANK] During that period, did you ever think that it would be better if you were dead?

Question Type: TYESNOCAPS

AD26cc [IF AD26a NE BLANK] Did you think about committing suicide?

Question Type: TYESNOCAPS

AD26dd [IF AD26cc = 1] Did you make a suicide plan?

Question Type: TYESNOCAPS

AD26ee [IF AD26cc = 1] Did you make a suicide attempt?

Question Type: TYESNOCAPS

```
DEFINE D_MDEA1:  
IF AD24A = 1 OR AD24C = 1, THEN D_MDEA1= 1  
ELSE IF AD24A = 2 AND AD24C = 2, THEN D_MDEA1= 2  
ELSE IF AD24A = DK OR AD24C = DK, THEN D_MDEA1= DK  
ELSE IF AD24A = REF OR AD24C = REF, THEN D_MDEA1= REF  
ELSE D_MDEA1= BLANK
```

```
DEFINE D_MDEA2:  
IF AD24E = 1 OR AD24F = 1, THEN D_MDEA2= 1
```

ELSE IF AD24E = 2 AND AD24F = 2, THEN D_MDEA2= 2
ELSE IF AD24E = DK OR AD24F = DK, THEN D_MDEA2= DK
ELSE IF AD24E = REF OR AD24F = REF, THEN D_MDEA2= REF
ELSE D_MDEA2= BLANK

DEFINE D_MDEA3:
IF AD26A = 1 OR AD26B = 1 OR AD26D ≥10 OR AD26F ≥10, THEN D_MDEA3= 1
ELSE IF AD26A = 2 AND AD26B = 2 AND ((AD26D < 10 OR AD26F < 10) OR
(AD26C = (2 OR BLANK) AND AD26E = (2 OR BLANK))) OR (AD26C = 1 AND
(AD26C1 = 1 OR AD26C2 = 1)) OR (AD26E = 1 AND AD26E1 = 1)), THEN
D_MDEA3= 2
ELSE IF AD26A = DK OR AD26B = DK OR AD26C = DK OR AD26D = DK OR
AD26E = DK OR AD26F = DK, THEN D_MDEA3= DK
ELSE IF AD26A = REF OR AD26B = REF OR AD26C = REF OR AD26D = REF OR
AD26E = REF OR AD26F = REF, THEN D_MDEA3= REF
ELSE D_MDEA3= BLANK

DEFINE D_MDEA4:
IF AD26G = 1 OR AD26H = 1, THEN D_MDEA4= 1
ELSE IF AD26G = 2 AND AD26H = 2, THEN D_MDEA4= 2
ELSE IF AD26G = DK OR AD26H = DK, THEN D_MDEA4= DK
ELSE IF AD26G = REF OR AD26H = REF, THEN D_MDEA4= REF
ELSE D_MDEA4= BLANK

DEFINE D_MDEA5:
IF AD26M = 1 OR AD26O = 1, THEN D_MDEA5= 1
ELSE IF (AD26L = (2 OR DK/REF) AND (AD26N = (2 OR DK/REF) OR AD26O = 2))
OR AD26M = 2, THEN D_MDEA5= 2
ELSE IF AD26L = DK OR AD26M = DK OR AD26N = DK OR AD26O = DK, THEN
D_MDEA5= DK
ELSE IF AD26L = REF OR AD26M = REF OR AD26N = REF OR AD26O = REF,
THEN D_MDEA5= REF
ELSE D_MDEA5= BLANK

DEFINE D_MDEA6:
D_MDEA6= AD26J

DEFINE D_MDEA7:
IF AD26V = 1, THEN D_MDEA7= 1
ELSE IF AD26U = (2 OR DK/REF) OR AD26V = 2, THEN D_MDEA7= 2
ELSE D_MDEA7=AD26V
ELSE D_MDEA7= BLANK

DEFINE D_MDEA8:
IF AD26P = 1 OR AD26R = 1 OR AD26S = 1, THEN D_MDEA8= 1
ELSE IF AD26P = 2 AND AD26R = 2 AND AD26S = 2, THEN D_MDEA8= 2
ELSE IF AD26P = DK OR AD26R = DK OR AD26S = DK, THEN D_MDEA8= DK
ELSE IF AD26P = REF OR AD26R = REF OR AD26S = REF, THEN D_MDEA8=
REF
ELSE D_MDEA8= BLANK

DEFINE D_MDEA9:
IF AD26AA = 1 OR AD26BB = 1 OR AD26CC = 1 OR AD26DD = 1 OR AD26EE = 1,
THEN D_MDEA9= 1
ELSE IF AD26AA = 2 AND AD26BB = 2 AND AD26CC = 2, THEN D_MDEA9= 2
ELSE IF AD26AA = DK OR AD26BB = DK OR AD26CC = DK OR AD26DD = DK
OR AD26EE = DK, THEN D_MDEA9= DK
ELSE IF AD26AA = REF OR AD26BB = REF OR AD26CC = REF OR AD26DD =
REF OR AD26EE = REF, THEN D_MDEA9= REF
ELSE D_MDEA9= BLANK

```

DEFINE DSMMD2:
IF SUM (D_MDEA1 = 1, D_MDEA2 = 1, D_MDEA3 = 1, D_MDEA4 = 1, D_MDEA5
= 1, D_MDEA6 = 1, D_MDEA7 = 1, D_MDEA8 = 1, D_MDEA9 = 1) ≥ 5, THEN
DSMMDEA2 = 1
ELSE IF SUM (D_MDEA1 = (1 OR DK/REF), D_MDEA2 = (1 OR DK/REF),
D_MDEA3 = (1 OR DK/REF), D_MDEA4 = (1 OR DK/REF), D_MDEA5 = (1 OR
DK/REF), D_MDEA6 = (1 OR DK/REF), D_MDEA7 = (1 OR DK/REF), D_MDEA8 =
(1 OR DK/REF), D_MDEA9 = (1 OR DK/REF)) < 5 AND N(OF D_MDEA1-
D_MDEA9) > 0, THEN DSMMD2 = 2
ELSE IF D_MDEA1 = DK OR D_MDEA2 = DK OR D_MDEA3 = DK OR D_MDEA4
= DK OR D_MDEA5 = DK OR D_MDEA6 = DK OR D_MDEA7 = DK OR
D_MDEA8 = DK OR D_MDEA9 = DK, THEN DSMMD2 = DK
ELSE IF D_MDEA1 = REF OR D_MDEA2 = REF OR D_MDEA3 = REF OR
D_MDEA4 = REF OR D_MDEA5 = REF OR D_MDEA6 = REF OR D_MDEA7 = REF
OR D_MDEA8 = REF OR D_MDEA9 = REF, THEN DSMMD2 = REF

```

AD28 [IF D_MDEA9 = 1 OR DSMMD2 = 1] You mentioned having some of the problems I just asked you about.

During that [TIMEFILL] period of time, how much did your [FEELNOUN] and these other problems interfere with your work, your social life, or your personal relationships?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely
- DK/REF

AD38 [IF AD28 NE BLANK] In the past 12 months, did you have a period of time when you felt [FEELNOUN] for two weeks or longer while also having some of the other problems we asked about?

Question Type: TYESNOCAPS

SUICTHNK

At any time in the past 12 months, did you seriously think about trying to kill yourself?

Question Type: TYESNOCAPS

Module 18: Mental Health Self-Efficacy

MHSEGOOD

These next questions ask about how you manage your emotions and mental health, how you manage services and supports, and how you help change or improve services systems. There are no right or wrong answers.

1. I focus on the good things in life, not just the problems.

Question Type: MH Often Range

1 Always or almost always

2 Mostly

3 Sometimes

4 Rarely

5 Never or almost never

DK/REF

MHSECHANGE

2. I make changes in my life so I can live successfully with my emotional or mental health challenges.

Question Type: MH Often Range

MHSESTEP

3. I feel I can take steps toward the future I want.

Question Type: MH Often Range

MHSEDIFF

4. I worry that difficulties related to my mental health or emotions will keep me from having a good life.

Question Type: MH Often Range

MHSECARE

5. I know how to take care of my mental or emotional health.

Question Type: MH Often Range

MHSEPROB

6. When problems arise with my mental health or emotions, I handle them pretty well.

Question Type: MH Often Range

MHSELIFE

7. I feel my life is under control.

Question Type: MH Often Range

Module 19: Self-Efficacy (Academic, Employment, & Social)

SEEL1

The next several questions ask about how well you feel that you were able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

1. I do well in school and/or work.

- 1 Strongly Agree
- 2 Agree
- 3 Undecided
- 4 Disagree
- 5 Strongly Disagree
- DK/REF

SEEL2

2. I am getting along with my family members.

- 1 Strongly Agree
- 2 Agree
- 3 Undecided
- 4 Disagree
- 5 Strongly Disagree
- DK/REF

SEEL3

3. I deal effectively with daily problems.

- 1 Strongly Agree
- 2 Agree
- 3 Undecided
- 4 Disagree
- 5 Strongly Disagree
- DK/REF

SEEL4

4. I am able to control my life.

- 1 Strongly Agree
- 2 Agree
- 3 Undecided
- 4 Disagree
- 5 Strongly Disagree
- DK/REF

SEEL5

5. I am able to deal with crisis.

- 1 Strongly Agree
- 2 Agree

3 Undecided
4 Disagree
5 Strongly Disagree
DK/REF

SEEL6

6. I do well in social situations.
1 Strongly Agree
2 Agree
3 Undecided
4 Disagree
5 Strongly Disagree
DK/REF

SEEL7

7. My housing situation is satisfactory.
1 Strongly Agree
2 Agree
3 Undecided
4 Disagree
5 Strongly Disagree
DK/REF

SETR1

[IF M4Q2 = 1 OR M4Q2b = 1] The next questions are for understanding what is easy or difficult for you in school or job training. Please say for each statement how sure you are that you can do each of the things below, ranging from “Not at All Sure” to “Extremely Sure.”

8. [IF M4Q2 = 1 OR M4Q2b = 1] I am sure that I can use the internet or library to get information for assignments.

Question Type: Numeric Range [0 - 100]

Logic After:

Display the response options in a sliding scale, where the respondent can select the slider and move it along the scale. The scale should be anchored on the left with “Not at All Sure” and on the right with “Extremely Sure.” The numeric value range is from 0-100. This scale should be displayed for all remaining questions in this module.

SETR2

9. [IF M4Q2 = 1 OR M4Q2b = 1] I am sure that I can organize my time to get work done.

Question Type: Numeric Range [0 - 100]

SETR3

10. [IF M4Q2 = 1 OR M4Q2b = 1] I am sure that I can get myself to do class work when there are other interesting things to do.

Question Type: Numeric Range [0 - 100]

SETR4

11. [IF M4Q2 = 1 OR M4Q2b = 1] I am sure that I can get my work done and turned in on time.

Question Type: Numeric Range [0 - 100]

SETR5

12. [IF M4Q2 = 1 OR M4Q2b = 1] I am sure that I can find help from teachers, tutoring, or other help with schoolwork.

Question Type: Numeric Range [0 - 100]

SESO6

The next questions are for understanding what is easy or difficult for you to get information *about school opportunities*. Please say for each statement how sure you are that you can do each of the things below, ranging from “Not at All Sure” to “Extremely Sure.”

13. I am sure that I can find information about job training or education (college, trade school) for the work I want to do.

Question Type: Numeric Range [0 - 100]

SESO7

14. I am sure that I can get into the training or school I want for what I want to do.

Question Type: Numeric Range [0 - 100]

SESO8

15. I am sure that I can find financial aid to help pay for my education or training.

Question Type: Numeric Range [0 - 100]

SEFW9

The next questions are for understanding your abilities to find work when you need it. Please say for each how sure you are that you *know how to do* each of the things below, ranging from “Not at All Sure” to “Extremely Sure.”

16. I know how to find information on job or internship opportunities

Question Type: Numeric Range [0 - 100]

SEFW10

17. I know how to use my personal contacts to find job opportunities

Question Type: Numeric Range [0 - 100]

SEFW11

18. I know how to make a resume.

Question Type: Numeric Range [0 - 100]

SEFW12

19. I know how to act and handle myself in a job interview.

Question Type: Numeric Range [0 - 100]

SEWS13

[IF M5Q1 = 1 OR M5Q2 = 1] The following questions are about how you handle different situations at work. Please say for each how sure you are that you *know how to do* each of the things below, ranging from “Not at All Sure” to “Extremely Sure.”

20. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can start promptly and work required hours.

Question Type: Numeric Range [0 - 100]

SEWS14

21. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can do tasks efficiently and on time.

Question Type: Numeric Range [0 - 100]

SEWS15

22. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can work accurately and catch my mistakes.

Question Type: Numeric Range [0 - 100]

SEWS16

23. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can manage my health enough to work for 8 or more hours per week.

Question Type: Numeric Range [0 - 100]

SEWS17

24. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can take feedback or criticism without losing my temper.

Question Type: Numeric Range [0 - 100]

SEWS18

25. [IF M5Q1 = 1 OR M5Q2 = 1] I am sure that I can stick to a routine or schedule.

Question Type: Numeric Range [0 - 100]

SESR19

The following questions are about how you handle your social relationships. Please say for each how sure you are that you *know how to do* each of the things below, ranging from “Not at All Sure” to “Extremely Sure.”

26. I can easily carry on conversations with others.

Question Type: Numeric Range [0 - 100]

SESR20

27. I can easily make and keep friends of the same sex.

Question Type: Numeric Range [0 - 100]

SESR21

28. I can easily make and keep friends of the opposite sex.

Question Type: Numeric Range [0 - 100]

SESR22

29. I can easily work well in a group.

Question Type: Numeric Range [0 - 100]

SESR23

30. I can easily get others to stop annoying me or hurting my feelings.

Question Type: Numeric Range [0 - 100]

SESR24

31. I can easily resist pressure to drink, smoke cigarettes or marijuana, or use other drugs.

Question Type: Numeric Range [0 - 100]

SESR25

32. I can easily resist pressure to have sex when I don't want to.

Question Type: Numeric Range [0 - 100]

Module 20: Social Support

SSINTRO

We all have a number of people who are important to us. In the following questions, you will be answering questions about your relationships with some of these people that you may have in your life including your closest friend, a boyfriend or girlfriend, a parent, and a mentor. First, we want you to describe the people you will rate. Then, we'll ask questions about these relationships and support from them.

SSFNAME

1. Who is your closest friend? [If you have trouble deciding because you have multiple very close friends, just pick one]

First name and last initial _____

DK/REF

SSFLONG

1_1. [IF Q1a ≠ DK/REF ASK] How long have you been friends?

1 Less than 3 months

2 Three months to 1 year

3 One to four years

4 More than 4 years

DK/REF

SSFSEE

1_2. [IF Q1a ≠ DK/REF ASK] How often do you see each other?

1 Every day

2 1-2 times per week

3 Several times a month

4 About once a month

5 Less than once a month.

DK/REF

SSFCLOSE

1_3. [IF Q1a ≠ DK/REF ASK] Overall, how close do you feel with your closest friend?

1 Not at all close

2 Somewhat close

3 Fairly close

4 Very Close

DK/REF

SSFSUPP

1_4. [IF Q1a ≠ DK/REF ASK] How often do you turn to your closest friend for support with personal problems or advice, or just cheering up?

1 Very Frequently

2 Frequently

- 3 Occasionally
- 4 Rarely
- 5 Very Rarely
- 6 Never
- DK/REF

SSF MAD

1_5. [IF Q1a ≠ DK/REF ASK] How often do you and your closest friend get mad at or fight with each other?

- 1 Very Frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely
- 5 Very Rarely
- 6 Never
- DK/REF

SSF HELP

1_6. [IF Q1a ≠ DK/REF ASK] How much help with food, housing, or paying for things, did you receive from your closest friend?

- 1 To a Great Extent
- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

SSF SCH

1_7. [IF Q1a ≠ DK/REF ASK] How much did your closest friend help you with things like school or work?

- 1 To a Great Extent
- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

SSRP

2. Do you currently have a boyfriend/girlfriend or romantic friend?

- 1 Yes
- 2 No
- DK/REF

SSRP NAME

2_1. [IF Q2 = 1] What is his/her first name and last initial?

First name and last initial _____

DK/REF

SSRPLONG

2_2. [IFQ2 = 1] How long have you been romantic friends?

- 1 Less than 3 months
- 2 Three months to 1 year
- 3 One to four years
- 4 More than 4 years

DK/REF

SSRPSEE

2_3. [IFQ2 = 1] How often do you see each other?

- 1 Every day
- 2 1-2 times per week
- 3 Several times a month
- 4 About once a month
- 5 Less than once a month.

DK/REF

SSRPCLOSE

2_4. [IFQ2 = 1] Overall, how close do you feel with your romantic friend?

- 1 Not at all close
- 2 Somewhat close
- 3 Fairly close
- 4 Very Close

DK/REF

SSRPSUPP

2_5. [IFQ2 = 1] How often do you turn to your romantic friend for support with personal problems or advice, or just cheering up?

- 1 Very Frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely
- 5 Very Rarely
- 6 Never

DK/REF

SSRPMAD

2_6. [IFQ2 = 1] How often do you and your romantic friend get mad at or fight with each other?

- 1 Very Frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely

- 5 Very Rarely
- 6 Never
- DK/REF

SSRPHELP

2_7. [IFQ2 = 1] How much help with food, housing, or paying for things, did you receive from your romantic friend?

- 1 To a Great Extent
- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

SSRPSCH

2_8. [IFQ2 = 1] How much did your romantic friend help you with things like school or work?

- 1 To a Great Extent
- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

SSPNAME

For the following questions, we would like you to select a person you consider to be your parent. This can be a biological, step, or adoptive parent, male or female, anyone who you say is your mother or father. Please answer these questions about one parental figure you are closest with.

3. Please provide the first name and last initial of the first parental figure.

First name and last initial _____
DK/REF

SSPREL

3_1. [IF Q3 ≠ DK/REF ASK] What is this person's relationship to you?

- 1 Biological parent
- 2 Step-parent
- 3 Adoptive parent
- 4 Other
- DK/REF

3_1a. [IF Q3_1 = 4] What is this person's relationship to you?

- 1 Grandparent/ Step-grandparent
- 2 Other family member
- 3. Non-related Adult

3_2. [IF Q3 ≠ DK/REF ASK] How long have you known this person?

- 1 Less than 1 year
- 3 One to four years
- 4 More than 4 years
- DK/REF

3_3. [IF Q3 ≠ DK/REF ASK] How often do you see each other?

- 1 Every day
- 2 1-2 times per week
- 3 Several times a month
- 4 About once a month
- 5 Less than once a month.
- DK/REF

3_4. [IF Q3 ≠ DK/REF ASK] Overall, how close do you feel with this parent?

- 1 Not at all close
- 2 Somewhat close
- 3 Fairly close
- 4 Very Close
- DK/REF

3_5. [IF Q3 ≠ DK/REF ASK] How often do you turn to this parent for support with personal problems or advice, or just cheering up?

- 1 Very Frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely
- 5 Very Rarely
- 6 Never
- DK/REF

3_6. [IF Q3 ≠ DK/REF ASK] How often do you and this parent get mad at or fight with each other?

- 1 Very Frequently
- 2 Frequently
- 3 Occasionally
- 4 Rarely
- 5 Very Rarely
- 6 Never
- DK/REF

3_7. [IF Q3 ≠ DK/REF ASK] How much help with food, housing, or paying for things, did you receive from this parent?

- 1 To a Great Extent

- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

3_8. [IF Q3 ≠ DK/REF ASK] How much did this parent help you with things like school or work?

- 1 To a Great Extent
- 2 Somewhat
- 3 Very Little
- 4 Not at All
- DK/REF

4. Do you currently have someone *not listed before* (not your best friend, parent, or romantic partner) who is a **mentor** to you? This is someone who you admire, go to a lot for advice, and perhaps want to be like in some way (e.g., they have a job you want to have in the future). *Please do not include the person you are working with on your plan.*

- 1 Yes
- 2 no
- DK/REF

4_1. [IF Q4 = 1] Please provide the first name and last initial of this person.

First name and last initial _____
DK/REF

4_2. [IF Q4 = 1] What type of person is this?

- 1 Teacher
- 2 Work supervisor/employer
- 3 Minister/Priest/Rabbi/Imam
- 4 Coach
- 5 Counselor/therapist
- DK/REF

4_3. [IF Q4 = 1] How long have you known each other?

- 1 Less than 3 months
- 2 Three months to 1 year
- 3 One to four years
- 4 More than 4 years
- DK/REF

4_4. [IF Q4 = 1] How often do you see each other?

- 1 Every day
- 2 1-2 times per week
- 3 Several times a month
- 4 About once a month
- 5 Less than once a month.

DK/REF

4_5. [IF Q4 = 1] How often do you turn to this person for support with personal problems or advice, or just cheering up?

1 Very Frequently

2 Frequently

3 Occasionally

4 Rarely

5 Very Rarely

6 Never

DK/REF

4_6. [IF Q4 = 1] How often do you and this person get mad at or fight with each other?

1 Very Frequently

2 Frequently

3 Occasionally

4 Rarely

5 Very Rarely

6 Never

DK/REF

4_7. [IF Q4 = 1] How much help with food, housing, or paying for things, did you receive from this person?

1 To a Great Extent

2 Somewhat

3 Very Little

4 Not at All

DK/REF

4_8. [IF Q4 = 1] How much did this person help you with things like school or work?

1 To a Great Extent

2 Somewhat

3 Very Little

4 Not at All

DK/REF

Module 21: Service Perceptions and Alliance

M21INTRO: These next questions are to help understand your experiences with services in the Healthy Transitions program that you started to participate in about 1 or 2 years ago.

1. Are you still receiving services through this [FILL WITH ANSWER TO S1LABID] program?

- 1 Yes
- 2 No

1a [IF Q1=2] Which statements below best describe why you are no longer receiving services through this program (MARK ALL THAT APPLY)?

- 1 I completed all of my goals
- 2 I no longer felt that I needed services
- 3 I did not think that the services fit my needs
- 4 The services were not offered at places or times that were convenient for me
- 5 I did not trust the service providers or program staff
- 6 I could not afford the services
- 7 Some other reason

2. [IF Q1=1] This next question asks about your service plan, this might also be referred to as a transition plan or a futures plan. A service plan helps you choose goals and decide how you will be working on them in the program. Do you still have this type of service plan?

- 1 Yes
- 2 No

3. [IF Q1=1] In your answers, please think about the person you have most often worked with coming up with your plan for the program. This is where you work with someone to set goals and decide how you will achieve them.

Thinking about your experience the past year in developing this service plan, please say how much you agree or disagree with these statements:

3a. [IF Q1=1] I made all of the important decisions about my plan (for example, what the goals were, how to get goals done, the date each goal would get done).

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- DK/REF

3c. [IF Q1=1] I regularly made changes I wanted to plan goals (e.g., made new goals, changed goals).

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- DK/REF

4. [IF Q1=1] Do you still have a team with the Healthy Transitions program? A team is a group (at least you and two others) who meet together to work on your service plan.

- 1 Yes
- 2 No
- DK/REF

4a. [IF Q4 = 1] Since you started the program, how frequently has the team met?

- 1 Once
- 2 A few (2-5) times
- 3 About monthly
- 4 More than monthly
- DK/REF

4b. [IF Q4 = 1] Thinking about your experiences in the last year working with this team, please say how much you agree or disagree with these statements:

I decided who would be on the team.

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- DK/REF

4f. [IF Q4 = 1] In team meetings, we spent a lot of time on my plan.

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- DK/REF

4g. [IF Q4 = 1] I led all of the team meetings.

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- DK/REF

5. [IF Q1=1] Has there been one person especially involved ***in working with you toward your service plan goals*** during this past 12 months working with the program? Usually this person is the one you spend the most time with and may be called a “facilitator”, “coach”, “specialist”, “counselor”, “peer”.

- 1 Yes
- 2 No
- DK/REF

5a. [IF Q5 = 1] Below are a few experiences people might have with the person who helps with their plan. When answering the following questions, think about your experience with the person most involved with making your plan.

I believe this person likes me.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

5b. [IF Q5 = 1] We work together to set my goals.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

5c. [IF Q5 = 1] We respect each other.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

5d. [IF Q5 = 1] We agree on what is important for me to work on.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

We met at times and places that were convenient and comfortable.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

We identified resources and services in the community and how to use them.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

We arranged meetings with people who helped with my goals.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

I feel like I've gotten my most important needs met since I've been in the program.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

I'm sure this program is helping me.

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Sometimes
- 5 Often
- 6 Very Often
- 7 Always
- DK/REF

Module 22: Tracing & Incentive (12 Month Interview only)

M22INTRO: We would like to reach you for a follow-up interview in 12-months, please provide your name, mailing address, telephone number, e-mail address, and date of birth. Your contact information will be kept confidential and will not be shared with anyone outside the project team.

S1NAME

Please provide your full name.

Question Type: Alpha

S1RTEL

Please provide the following phone numbers:

Question Type: Telephone

Logic After:

Provide boxes to enter in cell, home, and alternate phone numbers.

S1REMAIL

Please provide an e-mail address you're likely to have in the years to come. If you have more than one e-mail address, please also provide your second best email address. Please enter each e-mail address twice.

Logic After:

Not to programmer: Include a check that looks for the @ symbol to identify what is entered as a valid email address. If response to S1NAME, S1RTEL and S1REMAIL is blank, show a soft check that says "You have not provided an answer to one or more questions on this screen. Please review your responses before moving on to the next question."

S1ADDR

What is your current address?

Logic After:

Display text boxes to enter in street address, city, state, zip code, and foreign address information. If any address response is blank, show a soft check that says "You have not provided an answer to one or more questions on this screen. Please review your responses before moving on to the next question."

S1OTINFO

In case we are unable to reach you using the information you have provided, please provide us with the name and phone number of someone who will always be able to reach you.

Please provide the name, address, and telephone number for someone else who will always know how to contact you.

Logic After:

Ask name, address and telephone information for an alternative contact.

END

You have reached the end of the interview. Thank you for your participation!

As a thank you for participating in the SYAI, we would like to offer you a **\$25 gift card for a store of your choice from among 9 online and in-store options.**

Please read the following points carefully before selecting the option below to indicate whether or not you would like to receive a gift card.

- If you would like to receive a gift card, note that:
 - You will be redirected to a different website at which you will provide your email address. Redirecting you ensures that the email address you provide is not tied to the survey responses you just provided.
 - When you get to this website, you will need your Survey Access Code to log into the website. As a reminder, your Survey Access Code is **[FILL SURVEY ACCESS CODE]**.
 - When you get to the website, you should enter the email address at which you would like to be contacted regarding your gift card. Instructions on how to claim your gift card will be sent to that email address within approximately 2 business days. This e-mail will come from The Virtual Reward Center.

Please indicate whether or not you would like to receive a gift card:

1 I have read the instructions above and would like to receive my gift card. Please redirect me to the website so I can provide my email address. [MARK AS COMPLETE AND REDIRECT TO INCENTIVE FORM]

2 No thanks, I would not like to receive a gift card. Please end the survey now. [END SURVEY. MARK AS COMPLETE.]