

National Mental Health Study Field Test,  
Supporting Statement  
Attachment M-1 – CRS Data Collection  
Materials

# **CRS Data Collection Materials**

## NMHS CRS Reminder Card



We appreciate you taking time for this important study and look forward to speaking with you soon.

Your suggested contact days and times are:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



Research Triangle Institute  
Research Triangle Park, NC 27709-2194





**U.S. Department of Health and  
Human Services**

## **Adolescent CRS Follow-up Study Description**

You have been picked to take part in one additional interview by telephone for the National Mental Health Study (NMHS). This study is sponsored by the U.S. Department of Health and Human Services (DHHS). The interview will have questions about many common mental health issues that adolescents may face. These issues include sadness, fears, and attention problems, as well as the use of drugs or alcohol, and experiences with and exposure to crime and violence. Your parent said you can do this interview if you want to. It is your choice whether or not you do the interview. It takes about an hour.

If you choose to do the interview, we will ask for your first name and your parent's first name, and a telephone number. This information will only be used by another interviewer who will contact your parent and you in the next couple of weeks about completing the interview.

Federal law keeps your answers private. This is true except for two things. If you tell the interviewer that you plan to harm yourself or someone else, she may need to tell your parent or a counselor or another adult who can help. She would also need to tell an adult if you tell her that someone is harming you. Everything else is private.

It is up to you whether you do the interview. **If you agree to complete the interview, you will receive \$40 today.**

You may think some of the questions are difficult. Some questions may make you feel certain ways, such as sad. Remember that you do not have to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to talk to a counselor about how you are feeling, the interviewer will give you toll-free hotline numbers. These numbers are also printed on the payment receipt from your first interview.

If you have questions about the study, call 1-800-XXX-XXXX. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also go to our project website: <https://nmhsweb.rti.org/> for more information. Thank you for your help.

Lisa J. Colpe, Ph.D., MPH  
National Study Director, DHHS

Grace Medley  
National Field Director, DHHS

**Your confidentiality is protected** by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.



U.S. Department of Health and  
Human Services

## Adult CRS Follow-up Study Description

You have been randomly chosen for a special telephone follow-up study for the National Mental Health Study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). The study will involve your participation in a second interview that includes additional questions about mental health and other health-related topics. The interview will be conducted over the phone and takes on average an hour to complete.

If you agree to participate, we will ask for your name and telephone number. This information will be used only to contact you for the telephone interview. While the interview has some personal questions, federal law protects the privacy of your answers and requires us to keep all of your answers confidential. Any data that you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

Your participation is voluntary. **If you agree to complete the interview, you will receive \$40 today.**

You may consider some questions to be sensitive, and some questions also may make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, the interviewer can provide you with toll-free hotline numbers.

If you have questions about the study, call the Project Representative at 1-800-XXX-XXXX. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <https://www.nmhsweb.org> for more information. Thank you for your cooperation and time.

Lisa J. Colpe, Ph.D., MPH  
National Study Director, DHHS

Grace Medley  
National Field Director, DHHS

**Your confidentiality is protected** by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

## CRS Recruitment Scripts

CRS Recruitment occurs at the end of the main interview. Recruitment instructions and scripts will appear on the laptop if someone is selected for the CRS.

### 1. Adult CRS Recruitment Script in Main Interview (Age 18+)

You have been selected to participate in one additional study for the U.S. Department of Health and Human Services. For this study, we are interested in interviewing a wide variety of individuals to learn about how different people think and talk about feelings and experiences. The interview will include additional questions about your mental health and other health related issues. It will be conducted over the telephone and will take about an hour. Participation in this interview is voluntary and all of your answers will be kept confidential.

HAND ADULT FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT. Please read this statement. It describes the survey and how federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers.

If you agree to participate, I will pay you an additional \$40 today. Within the next two weeks, a different interviewer will call you to explain more about the interview and to schedule a convenient time to complete it. If you wish, you may complete the full interview when the interviewer calls.

IF ASKED "WHY WAS I SELECTED": Anyone who participates in the National Mental Health Study may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States.

To accommodate your schedule, an interviewer will be available to call you about this study and schedule a convenient time to complete the interview within the next four weeks.

INDICATE YES OR NO IN COMPUTER TO INDICATE IF ADULT AGREES TO PARTICIPATE IN CRS FOLLOW-UP INTERVIEW.

- 1 RESPONDENT AGREES TO RECONTACT
- 2 RESPONDENT DOES NOT AGREE TO RECONTACT
- 3 RESPONDENT IS NOT AVAILABLE DURING THE SPECIFIED TIME PERIOD

[IF RESPONDENT AGREES TO CRS CONTINUE REMAINDER OF SCRIPT]

Since another interviewer will be completing the second interview, may I have your first name and phone number so the interviewer can call you?

ENTER FIRST NAME ONLY AND PHONE NUMBER.

**NAME** \_\_\_\_\_  
ALLOW 20 CHARACTERS

**PHONE** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.  
  
(IF NO CELL PHONE, TAP NEXT)

\_\_\_\_\_  
REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT. PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

ALLOW 10 CHARACTERS AND BLANKS

To check that I entered the number correctly, please repeat the phone number.

CONFIRM NUMBER. AS NEEDED, READ THE CONTACT INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

Is there another number where the telephone interviewer could contact you about the second interview?

IF YES: RECORD PHONE NUMBER AND TYPE (CELL, WORK, ETC) IN THE NOTES FIELD. REPEAT ABOVE STEPS TO CONFIRM THE NUMBER. YOU MAY ENTER UP TO 50 CHARACTERS.

IF NO: CONTINUE

**PHONE2** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.

\_\_\_\_\_  
REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT.

PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

**NOTES** \_\_\_\_\_

ALLOW 30 CHARACTERS

PRESS [ENTER] TO CONTINUE.

Please also let me know the best days and times when you will be available in the next two weeks. I will give this information to the interviewer, and he or she will try to contact you during one of these times.

ENTER BEST DAYS/TIMES. AS NEEDED, PROBE FOR ADDITIONAL BEST DAYS/TIMES.

READ THE INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

COMPLETE A REMINDER CARD AND HAND TO THE RESPONDENT.

I have entered these days and times in the computer and recorded them on this card. Please note the interviewer may try to reach you at other times as well.

INTERVIEWER NOTE: ADDITIONAL INFORMATION REGARDING THE BEST DAYS OR TIMES PROVIDED BY THE RESPONDENT SHOULD BE ENTERED IN THE NOTES FIELD. YOU MAY ENTER UP TO 50 CHARACTERS.

TELEPHONE INTERVIEWERS ARE AVAILABLE DAYS, EVENINGS AND WEEKENDS.

PRESS [ENTER] TO CONTINUE.

BEST DAYS OF WEEK \_\_\_\_\_

BEST TIMES OF DAY \_\_\_\_\_

NOTES \_\_\_\_\_

ALLOW 50 CHARACTERS

HAND RESPONDENT **\$40** CASH.

MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX ON THE INTERVIEW INCENTIVE RECEIPT.

SIGN AND DATE INTERVIEW INCENTIVE RECEIPT AND GIVE TOP COPY TO RESPONDENT.



I have signed this form to indicate that I have given you \$40 for this interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

Thank you in advance for your participation.

PRESS [ENTER] TO CONTINUE.

## **2. Adolescent CRS Recruitment Script in Main Interview (Age 13-17)**

### **To Parent:**

Your adolescent has been selected to participate in one additional study for the U.S. Department of Health and Human Services. Are you the parent who has legal custody of **[ADOLESCENT]** or are you this adolescent's legal guardian?

**[If not, interviewer should ask to speak to the parent or guardian who has legal custody].**

For this study, we are interested in interviewing a wide variety of individuals to learn about how different adolescents think and talk about their feelings such as depression or sadness, anxiety and fears, attention and concentration difficulties. The interview will include questions about feelings and behaviors your adolescent may have experienced including questions about self-harm. We will also ask questions about your adolescent's experience at home and school, including experiences with and exposure to crime and violence.

Within the next two weeks, a different interviewer will call you to explain more about your adolescent's interview and to schedule a convenient time to complete it with your adolescent. If you wish, your adolescent may complete the full interview when the interviewer calls.

All of your adolescent's answers will be confidential and used only for statistical purposes. There are two exceptions to this promise of confidentiality. If your adolescent tells the study interviewer that s/he intends to seriously harm him/herself or someone else, s/he may need to notify you or a mental health professional or another authority. If your adolescent tells the study interviewer that s/he is at risk of serious harm by an adult, s/he may also need to notify you or another authority.

Your adolescent may consider some of the questions to be sensitive in nature and some of the questions may also make your adolescent feel certain emotions, such as sadness. Your adolescent can refuse to answer any questions that your s/he does not want to answer, and your adolescent can stop the interview at any time. If your adolescent becomes upset at any time during the interview and wishes to speak to a mental health professional about how s/he is feeling, the study interviewer will provide

your adolescent with toll-free hotline numbers.

This interview will be conducted over the telephone and will take about an hour. Participation in this interview is voluntary.

HAND PARENT/LEGAL GUARDIAN FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT. Please read this statement. It describes the survey and how federal law keeps any information your adolescent provides private.

If you agree to allow your adolescent to participate, I will pay him/her an additional \$40 today.

Do I have your permission to ask your adolescent to participate in this study?

INDICATE YES OR NO IN COMPUTER TO INDICATE IF PARENT/LEGAL GUARDIAN PROVIDES PERMISSION TO TALK WITH ADOLESCENT

IF ASKED “WHY WAS MY ADOLESCENT SELECTED”: Anyone who participates in the National Mental Health Study may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States.)

**To Adolescent:**

You have been selected to participate in one additional study for the U.S. Department of Health and Human Services. For this study, we are interested in interviewing a wide variety of individuals to learn about how different individuals think and talk about feelings and experiences. The interview will include questions about feelings and behaviors you may have experienced during your life, including experiences with and exposure to crime and violence. Your parent said that you can take part in this interview if you want to. It is your choice whether you take part in this study. It will be conducted over the telephone and will take about an hour.

HAND ADOLESCENT FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT. Please read this statement. It describes the survey and how federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers.

If you agree to participate, I will pay you an additional \$40 today. Within the next two weeks, a different interviewer will call you to explain more about the interview and to schedule a convenient time to complete it. If you wish, you may complete the full interview when the interviewer calls.

IF ASKED “WHY WAS I SELECTED”: Anyone who participates in the National Mental

Health Study may be chosen for this special study. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States.

Do you want to participate in this additional study?  
INDICATE YES OR NO IN COMPUTER TO INDICATE IF ADOLESCENT AGREES TO PARTICIPATE IN CRS FOLLOW-UP INTERVIEW

IF YES: HAND ADOLESCENT RESPONDENT **\$40** CASH.  
MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX ON THE INTERVIEW INCENTIVE RECEIPT.  
SIGN AND DATE INTERVIEW INCENTIVE RECEIPT AND GIVE TOP COPY TO RESPONDENT.

I have signed this form to indicate that I have given you **\$40** for this interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

Thank you in advance for your participation.

PRESS [ENTER] TO CONTINUE.

IF ADOLESCENT AGREES TO PARTICIPATE, ASK TO SPEAK TO THE PARENT AGAIN:

To accommodate your schedule, an interviewer will be available to call you and your adolescent about this study and schedule a convenient time to complete the adolescent's interview within the next four weeks.

Since another interviewer will be completing the adolescent's second interview, may I have your first name and phone number so the interviewer can call you?

ENTER FIRST NAME ONLY AND PHONE NUMBER.

**PARENT FIRST NAME** \_\_\_\_\_  
ALLOW 20 CHARACTERS

**CHILD FIRST NAME** \_\_\_\_\_  
ALLOW 20 CHARACTERS

**PARENT PHONE** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.

(IF NO CELL PHONE, TAP NEXT)

\_\_\_\_\_  
REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT. PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

ALLOW 10 CHARACTERS AND BLANKS

To check that I entered the number correctly, please repeat the phone number.

CONFIRM NUMBER. AS NEEDED, READ THE CONTACT INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

Is there another number where the telephone interviewer could contact you about the adolescent's second interview?

IF YES: RECORD PHONE NUMBER AND TYPE (CELL, WORK, ETC) IN THE NOTES FIELD. REPEAT ABOVE STEPS TO CONFIRM THE NUMBER. YOU MAY ENTER UP TO 50 CHARACTERS.

IF NO: CONTINUE

**PHONE2** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.

REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT. PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

**NOTES**

ALLOW 30 CHARACTERS

PRESS [ENTER] TO CONTINUE.

Please also let me know the best days and times when you will be available in the next two weeks. I will give this information to the interviewer, and he or she will try to contact you during one of these times.

ENTER BEST DAYS/TIMES. AS NEEDED, PROBE FOR ADDITIONAL BEST DAYS/TIMES.

READ THE INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

COMPLETE A REMINDER CARD AND HAND TO THE RESPONDENT.

I have entered these days and times in the computer and recorded them on this card. Please note the interviewer may try to reach you at other times as well.

INTERVIEWER NOTE: ADDITIONAL INFORMATION REGARDING THE BEST DAYS OR TIMES PROVIDED BY THE RESPONDENT SHOULD BE ENTERED IN THE NOTES FIELD. YOU MAY ENTER UP TO 50 CHARACTERS.

TELEPHONE INTERVIEWERS ARE AVAILABLE DAYS, EVENINGS AND WEEKENDS.

PRESS [ENTER] TO CONTINUE.

BEST DAYS OF WEEK \_\_\_\_\_

BEST TIMES OF DAY \_\_\_\_\_

NOTES \_\_\_\_\_

ALLOW 50 CHARACTERS

PRESS [ENTER] TO CONTINUE.

**3. Parent CRS Recruitment Script (for Parent CRS Interview): READ TO PARENT/LEGAL GUARDIAN AFTER ADOLESCENT IS RECRUITED FOR CRS**

You have been selected to participate in one additional study for the U.S. Department of Health and Human Services. The interview will ask questions about mental health issues your adolescent may have experienced including questions about their depression or sadness, anxiety and fears, and attention and concentration difficulties. The interview will also include questions about feelings and behaviors your adolescent may have experienced including questions about self-harm. It will be conducted over the telephone and will take about 30 minutes. Participation in this interview is voluntary and all of your answers will be kept confidential.

HAND PARENT/LEGAL GUARDIAN FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT. Please read this statement. It describes the survey and how federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers.

If you agree to participate, I will pay you an additional \$30 today. Within the next two weeks, a different interviewer will call you to explain more about the interview and to schedule a convenient time to complete it. If you wish, you may complete the full interview when the interviewer calls.

IF ASKED "WHY WAS I SELECTED": Anyone who participates in the National Mental Health Study may be chosen for this special study. Since your adolescent was selected and has agreed to participate, you have the opportunity to participate in this additional study as well. This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Mental Health (NIMH), both part of the U.S. Department of Health and Human Services (DHHS). Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States.

To accommodate your schedule, an interviewer will be available to call you about this study and schedule a convenient time to complete the interview within the next four weeks.

INDICATE YES OR NO IN COMPUTER TO INDICATE IF ADULT AGREES TO PARTICIPATE IN CRS FOLLOW-UP INTERVIEW.

- 1 RESPONDENT AGREES TO RECONTACT
- 2 RESPONDENT DOES NOT AGREE TO RECONTACT

3      RESPONDENT IS NOT AVAILABLE DURING THE SPECIFIED TIME  
PERIOD

[IF RESPONDENT AGREES TO CRS CONTINUE REMAINDER OF SCRIPT]

It is important to the study that you complete the main parent survey before you do the follow-up study. Please try to complete the parent interview via the web or over the telephone within the next week.

Since another interviewer will be completing the second interview, may I have your first name and phone number so the interviewer can call you?

ENTER FIRST NAME ONLY AND PHONE NUMBER.

**NAME** \_\_\_\_\_  
ALLOW 20 CHARACTERS

**PHONE** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.  
  
(IF NO CELL PHONE, TAP NEXT)

\_\_\_\_\_  
REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT. PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

ALLOW 10 CHARACTERS AND BLANKS

To check that I entered the number correctly, please repeat the phone number.

CONFIRM NUMBER. AS NEEDED, READ THE CONTACT INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

Is there another number where the telephone interviewer could contact you about the second interview?

IF YES: RECORD PHONE NUMBER AND TYPE (CELL, WORK, ETC) IN THE NOTES FIELD. REPEAT ABOVE STEPS TO CONFIRM THE NUMBER. YOU MAY ENTER UP TO 50 CHARACTERS.

IF NO: CONTINUE

**PHONE2** PLEASE ENTER 3 DIGIT AREA CODE AND 7 DIGIT NUMBER.

\_\_\_\_\_  
REF

[ALLOW 3+3+4 NUMERIC AND BLANKS AND CHECK AGAINST LOOK-UP TABLE OF VALID AREA CODE. ADMINISTER A SOFT CHECK IF NOT FOUND, "PLEASE VERIFY THIS AREA CODE WITH RESPONDENT.



PRESS "CANCEL" TO CORRECT AREA CODE, OR "OK" TO CONTINUE.]  
DK/REF

**NOTES** \_\_\_\_\_

ALLOW 30 CHARACTERS

PRESS [ENTER] TO CONTINUE.

Please also let me know the best days and times when you will be available in the next two weeks. I will give this information to the interviewer, and he or she will try to contact you during one of these times.

ENTER BEST DAYS/TIMES. AS NEEDED, PROBE FOR ADDITIONAL BEST DAYS/TIMES.

READ THE INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT.

COMPLETE A REMINDER CARD AND HAND TO THE RESPONDENT.

I have entered these days and times in the computer and recorded them on this card. Please note the interviewer may try to reach you at other times as well.

INTERVIEWER NOTE: ADDITIONAL INFORMATION REGARDING THE BEST DAYS OR TIMES PROVIDED BY THE RESPONDENT SHOULD BE ENTERED IN THE NOTES FIELD. YOU MAY ENTER UP TO 50 CHARACTERS.

TELEPHONE INTERVIEWERS ARE AVAILABLE EVENINGS AND WEEKENDS.

PRESS [ENTER] TO CONTINUE.

BEST DAYS OF WEEK \_\_\_\_\_

BEST TIMES OF DAY \_\_\_\_\_

NOTES \_\_\_\_\_

ALLOW 50 CHARACTERS

HAND RESPONDENT **\$30** CASH.

MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX ON THE INTERVIEW INCENTIVE RECEIPT.

SIGN AND DATE INTERVIEW INCENTIVE RECEIPT AND GIVE TOP COPY TO RESPONDENT.

I have signed this form to indicate that I have given you **\$30** for this interview. At the bottom of

this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

Thank you in advance for your participation.

PRESS [ENTER] TO CONTINUE.

**CRS Confidential Notice**

**CONFIDENTIAL  
INFORMATION**

**IF FOUND, PLEASE CONTACT**

**Suzanne Triplett**

**@ 1-800-334-8571**

**Ext. 26570**

**FEDEX TRACKING NUMBER: \_\_\_\_\_**

**Property of:  
RTI International  
3040 Cornwallis Road, Research Triangle Park, NC 27709  
1-800-XXX-XXXX**

National Mental Health Study Field Test,  
Supporting Statement

Attachment N – Introduction and Consent for  
the Clinical Interview

## Introduction and Consent for the Clinical Interview

### Adult

Before you place call, **be prepared:**

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

### VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW.

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

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

### IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE 52 AND DETAILS IN CMS. Thank you for your time. END CALL.

### IF R AVAILABLE

(Hi, my name is \_\_\_\_\_.)

You recently completed an interview in your home with an interviewer working on the National Mental Health Study.

Before I continue, can you confirm that you are not driving right now?

NOT DRIVING: PROCEED BELOW.

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

I am the interviewer you were told would contact you for a follow-up telephone interview. Do you recall completing the first interview?

YES: PROCEED BELOW.

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

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

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

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

## **INFORMED CONSENT**

Before we begin, I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions about various mental health issues such as depression, anxiety, post-traumatic stress disorder, self-harm, substance dependence and exposure to violence. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States. While the interview has some personal questions, federal law keeps your answers private. The only exceptions to this promise of confidentiality are if you tell me that you intend to seriously harm yourself or someone else, or you or another person, including a child, is in danger. In these situations, I may need to notify a mental health professional or other authorities.

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

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

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

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

## PRIVACY

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

YES: PROCEED

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

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS.

Thank you for your time. END CALL.

## RECORDING PERMISSION

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

Do you agree to allow me to record the interview?

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

NO: DON'T RECORD

Ok, let's get started.

## CRS Adolescent Interview

### Parent Introduction/Permission Script and Adolescent Informed Assent

Before you place call, **be prepared**:

- Review the assignment information provided including the adolescent respondent and parent name, telephone number, as well as the date of the initial interview.
- Know for scheduling whether parent needs to be present when the adolescent is completing the interview
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.
- If both parent and adolescent to be interviewed, the parent must be scheduled and completed before the adolescent.

#### VERIFY NUMBER AND LOCATE PARENT

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW.

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

Before I continue, can you confirm that you are not driving right now?

NOT DRIVING: PROCEED BELOW.

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

I'm trying to reach [PARENT NAME] who agreed to allow [ADOLESCENT FIRST NAME] to be contacted about taking part in a telephone interview we're conducting. Are you [PARENT NAME WHO GAVE CONSENT]?

NO: Is [FILL PARENT NAME WHO GAVE PERMISSION FOR ADOLESCENT TO BE CONTACTED] available to speak with?

YES: PROCEED BELOW

NO: Is another parent/legal guardian of [ADOLESCENT FIRST NAME] available to speak with?

YES: PROCEED BELOW

NO: ASK FOR A GOOD TIME TO CALL AGAIN WHEN [FILL PARENT NAME WHO GAVE CONSENT] IS HOME. ENTER CODE 52 AND DETAILS IN CMS.



YES: [IF TALKING TO ORIGINAL PARENT FILL: As you may recall / ELSE CONTINUE], your adolescent has been selected to participate in one additional study for the U.S. Department of Health and Human Services.

For this study, we are interested in interviewing a wide variety of individuals to learn about how different adolescents think and talk about their feelings such as depression or sadness, anxiety and fears, attention and concentration difficulties. The interview will include questions about feelings and behaviors your adolescent may have experienced including questions about self-harm. We will also ask questions about your adolescent's experience at home and school, including experiences with and exposure to crime and violence.

All of your adolescent's answers will be confidential and used only for statistical purposes. There are two exceptions to this promise of confidentiality. If your adolescent tells the study interviewer that s/he intends to seriously harm him/herself or someone else, s/he may need to notify you or a mental health professional or another authority. If your adolescent tells the study interviewer that s/he is at risk of serious harm by an adult, s/he may also need to notify you or another authority.

Your adolescent may consider some of the questions to be sensitive in nature and some of the questions may also make your adolescent feel certain emotions, such as sadness. Your adolescent can refuse to answer any questions that your s/he does not want to answer, and your adolescent can stop the interview at any time. If your adolescent becomes upset at any time during the interview and wishes to speak to a mental health professional about how s/he is feeling, the study interviewer will provide your adolescent with toll-free hotline numbers.

The interview will take about an hour. Participation in this interview is voluntary.

This information about the study is also included on the Follow-up Study Description [IF PARENT THAT GAVE ORIGINAL PERMISSION TO CONTACT THE ADOLESCENT FILL: you were given by the interviewer who met with you in your home / ELSE FILL: the other parent was given by the interviewer who met with him/her in your home]. Do you have any questions before we begin? ANSWER ANY RESPONDENT QUESTIONS.

Do I have your permission to interview your adolescent for this study?

YES: PROCEED BELOW

NO: Thank you for your time. END CALL

Thank you for giving us permission to interview your adolescent. It is [FILL ADOLESCENT FIRST NAME'S] choice whether he or she wants take part in this study.

If your adolescent agrees to participate, I will work to set up a convenient time with him/her to complete the follow-up interview. Will you want the interview to take place at a time when you are home with the adolescent, or are you OK with my calling your adolescent to complete this interview when you are not home?

PARENT WANTS TO BE AT HOME DURING ADOLESCENT INTERVIEW

PARENT INDICATES IT IS OK TO INTERVIEW ADOLESCENT IF PARENT NOT HOME

MARK IN COMPUTER WHETHER PARENT/LEGAL GUARDIAN WANTS TO BE PRESENT, OR IS OK WITH THE STUDY SPEAKING WITH THE ADOLESCENT WHEN PARENT/LEGAL GUARDIAN IS NOT PRESENT.

May I speak to [ADOLESCENT FIRST NAME]?

**IF R NOT HOME OR UNAVAILABLE**

When would be a good time to call again? ENTER CODE 52 AND DETAILS IN CMS.

Thank you for your time. END CALL.

**IF R AVAILABLE**

(Hi, my name is \_\_\_\_\_.)

You recently completed an interview in your home with an interviewer working on the National Mental Health Study. I am the interviewer you were told would contact you for a follow-up telephone interview. Do you remember doing the first interview?

YES: PROCEED BELOW.

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

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

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

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

IF PARENT/LEGAL GUARDIAN WHO GAVE CONSENT WANTS TO BE AT HOME WITH ADOLESCENT WHEN INTERVIEW TAKES PLACE, ASK: I need to confirm is [FILL PARENT NAME WHO GAVE CONSENT] at home with you now?

YES: PROCEED

NO: GO TO ITEM ASKING FOR A GOOD TIME TO CALL AGAIN

Before I continue, can you confirm that you are not driving right now?

NOT DRIVING: PROCEED BELOW.

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

## **INFORMED ASSENT**

I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions about many mental health issues like sadness, fear, and attention problems, as well as self-harm and experiences with and exposure to crime and violence. There really is not a way you will get helped directly from doing the study. But, information that we get from you and others your age will help us understand mental health issues for teenagers across the country. The interview does have some personal questions. But, by law, we're required to keep your answers private. This is true except for a couple of times. If you tell me that you plan to seriously harm yourself or someone else, I may need to tell your parent or a counselor or another adult who can help. I would also need to tell an adult if you tell me that someone is harming you. Everything else is private. We hope that protecting your privacy will help you to give truthful answers. You can quit the interview at any time. You can also refuse to answer any questions. The interview will take about an hour.

It is your choice whether or not you do the interview. You may think some of the questions are difficult, and some of the questions may make you feel certain ways, such as sad. Remember that you do not have to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to speak to a counselor about how you are feeling, I will give you the toll-free hotline numbers that are printed on your payment receipt from the first interview.

This information about the study is also included on the Follow-up Study Description you were given by the interviewer who met with you in your home. Do you have any questions before we begin? ANSWER ANY RESPONDENT QUESTIONS.

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

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

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS.

Thank you for your time. END CALL.

## **PRIVACY**

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're at home and in a private area.

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

YES: PROCEED

IF NOT AT HOME: When is a good time for me to reach you at home ENTER CODE 50 AND DETAILS IN CMS. Thank you for your time. END CALL.

IF AT HOME BUT NOT IN A PRIVATE AREA:

Are you able to move to a place where you can safely talk?

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

Be sure not to use your speaker phone for this interview. Keep the speaker phone off for the interview. I want to make sure our conversation is private. Do you have your speaker phone off?

YES: PROCEED

## **RECORDING PERMISSION**

In order to make sure that I am doing my job correctly, I would like to make an electronic audio recording of this interview. This is done only to make sure I am doing my job correctly. The recording will only be listened to by people who work on the project who have signed confidentiality pledges. A confidentiality pledge is a written promise that information will not be shared with anyone. The recording will not include your name—only a random number that will be given to this case. To help provide confidentiality, we ask that you not give your name or any other identifying information, such as your address during the interview. The recording will be destroyed within eighteen months after the end of the project. You can still do the interview if you do not want me to record it. Do you agree to allow me to record the interview?

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

NO: DON'T RECORD

Ok, let's get started.

## CRS Parent Introduction Script and Informed Consent

Before you place call, **be prepared:**

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

### VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW.

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

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

### IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE 52 AND DETAILS IN CMS. Thank you for your time. END CALL.

### IF R AVAILABLE

(Hi, my name is \_\_\_\_\_.)

You were recently asked to complete a National Mental Health Study interview online or via telephone.

Have you already completed that interview? (IF NO STATE: It is not required that you complete the initial interview before the interview we will do today, but we would like you to please try to complete that parent interview via the web or over the telephone within the next week.)

Before I continue, can you confirm that you are not driving right now?

NOT DRIVING: PROCEED BELOW.

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

I am the interviewer you were told would contact you for a follow-up telephone interview about [FILL ADOLESCENT NAME]. Do you recall completing the first parent interview?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.  
IF NOT SPEAKING TO CORRECT RESPONDENT, ASK TO SPEAK TO  
RESPONDENT.

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

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

## **INFORMED CONSENT**

Before we begin, I would like to remind you of the study details.

This study, sponsored by the U.S. Department of Health and Human Services, will ask questions about mental health issues your adolescent may have experienced including questions about their depression or sadness, anxiety and fears, and attention and concentration difficulties. The interview will also include questions about feelings and behaviors your adolescent may have experienced including questions about self-harm. A parent's perspective is very important in getting an accurate description of an adolescent's health and development. Since you are the parent who completed the parent questionnaire we would like you to complete this parent follow-up interview as well. It will be conducted over the telephone and will take about 30 minutes.

Participation in this interview is voluntary and all of your answers will be kept confidential. The only exception to this promise of confidentiality is if you or another person, including a child, is in danger. In these situations I may need to notify a mental health professional or other authorities.

Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand mental health issues for adolescents in the United States.

Your participation is voluntary. You may consider some of the questions to be sensitive in nature and some of the questions may also make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers that are printed on your payment receipt from the first interview.

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

questions before we begin? ANSWER ANY RESPONDENT QUESTIONS.

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

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

## **PRIVACY**

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

YES: PROCEED

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

YES: PAUSE, THEN CONTINUE

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

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS.

Thank you for your time. END CALL.

## **RECORDING PERMISSION**

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

Do you agree to allow me to record the interview?

YES: I will now begin recording. START RECORDING AND SAY: "This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]."  
NO: DON'T RECORD

Ok, let's get started.



National Mental Health Study Field Test,  
Supporting Statement  
Attachment X – CRS Cover Sheet and  
Transmittal Forms

# CRS Cover Sheet

OMB#  
Expiration Date:

## SCID-RV for DSM-5®

Version 1.0.0

### Overview Module

Michael B. First, M.D., Janet B. W. Williams, Ph.D.,  
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

NOTICE: Public reporting burden for this collection of information is estimated to average 60 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (XXXX-XXXX); Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX, expiration date XX/XX/XX.

## Adult CRS Transmittal Form

<b>Interviewer ID:</b>	<b>QuestID:</b>	
	<b>Date of Interview:</b> ___/___/___ MM    DD    YY	
<b>Date Shipped To RTI:</b> ___/___/___ MM    DD    YY	<b>Date Received at RTI:</b>	___/___/___ MM    DD    YY
<b>Clinical QC by:</b>	<b>Date of Clinical QC:</b>	___/___/___ MM    DD    YY
<b>Edited by:</b>	<b>Date Edited:</b>	___/___/___ MM    DD    YY
<b>Check the box next to each modules included In shipment    ✓</b>		
Overview		
Mood Disorders		
Panic Disorder		
Social Anxiety Disorder		
Generalized Anxiety Disorder		
PTSD		
Eating Disorders		
Psychosis Screen		
Borderline Personality Disorder Screen		
End of Interview/Interviewer Debriefing		
Cognitive Impairment Assessment		
GMC/Substance Rule-out for mood disorders		
GMC/Substance Rule-out for anxiety disorders		

## Adolescent/Parent CRS Transmittal Form

<b>Interviewer ID:</b>	<b>QuestID:</b>	
	<b>Date of Interview:</b> ____/____/____ MM DD YY	
<b>Date Shipped To RTI:</b>  ____/____/____ MM DD YY	<b>Date Received at RTI:</b>	____/____/____ MM DD YY
<b>Clinical QC by:</b>	<b>Date of Clinical QC:</b>	____/____/____ MM DD YY
<b>Edited by:</b>	<b>Date Edited:</b>	____/____/____ MM DD YY
<b>Check the box next to each modules included in shipment</b> <input checked="" type="checkbox"/>		
Overview		
Mood Disorders		
Panic Disorder		
Social Anxiety Disorder		
Generalized Anxiety Disorder		
PTSD		
Eating Disorders		
Psychosis Screen		
ADHD		
Conduct Disorder		
End of Interview/Interviewer Debriefing		
Cognitive Impairment Assessment		

National Mental Health Study Field Test,  
Supporting Statement  
Attachment AE – Clinician Distressed  
Respondent Protocol

## **Clinician Distressed Respondent Protocol Overview**

The National Mental Health Study (NMHS) is a NSDUH-like field test that focuses explicitly on the collection of specific mental disorder data. It is a field test to prepare for a study that aims to produce national-level estimates on a broad range of mental disorders.

The NMHS data collection will involve interviewing selected adults and/or adolescents in the home with CAPI and ACASI technology. A majority of the adult and adolescent questionnaires will be administered via ACASI (~85%). In addition, parents of respondents aged 13-17 years old will be asked to complete a separate parent questionnaire with questions about the respondent child online or via the telephone. At the conclusion of the adult and adolescent main questionnaires, the system will select a sample of respondents (both adolescents and adults) to participate in a telephone-based Clinical Reappraisal Study (CRS) within 2-4 weeks of completing the in-home interviews. As part of the adolescent clinical reappraisal effort, we will interview parents as well.

During the telephone CRS study interview, a clinical interviewer may directly learn through responses to the CRS interview questions that a respondent poses a serious threat to his or her own safety or the safety of others. The CRS interviews pose detailed questions about suicidal ideation, intent, plans and immediate risk of harm. Consequently, it is essential that NMHS clinical interviewers be prepared to handle these situations appropriately.

All NMHS interviewers will be instructed to be alert to signs of distress or agitation, or indications of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents. In all such circumstances, the interviewers will follow the appropriate distressed respondent protocol. The distressed respondent protocol for non-clinical and clinical interviewers is outlined in the following sections.

## Clinician Distressed Respondent Protocol

Due to the nature of the clinical interview questions asked during the NMHS Clinical Reappraisal Study (CRS) telephone data collection, it is possible that a respondent will indicate during the course of his or her interactions with you that he or she poses a likely threat to his or her own safety or the safety of others. It is essential that NMHS project staff members be prepared to handle these situations appropriately.

As a clinical interviewer, you must be alert to signs of respondent distress or agitation, or indication of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents.

There are 4 situations in which you might need to use the Distressed Respondent Protocol (DRS):

1. A suicidal adult respondent
2. A suicidal adolescent respondent
3. A distressed or upset (but not suicidal) adult or adolescent respondent
4. A case of current suspected child abuse or neglect

In all such circumstances, you must follow the protocol outlined in this document. Each scenario has specific steps to follow.

### Situation 1: Suicidal Adult Respondent

If adult respondents report any of the issues listed below during any interactions with you, including before, during, or after a screening or interview, you must follow the instructions in the box provided. Details of all incidents must be documented in the case management system and reported to your clinical supervisor immediately.

- Has had any suicidal thoughts, including
  - current and serious **passive suicidal thoughts** (i.e. thoughts or wishes about his or her death **in the absence of** thoughts about specific ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, or intention of dying or attempting suicide) **[SCENARIO 1]** or
  - current and serious **active suicidal thoughts** (i.e. thoughts or wishes about his or her death combined with thoughts about **specific** ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan **[SCENARIO 2]**)

Follow the specific steps for each scenario below.

## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
1—Suicidal Adult Respondent	<b>Current and Serious Passive Suicidal Thoughts</b>
<b>STEPS</b>	
<p><b>1. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R:</b> When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about your death or dying.</p> <p><b>2.</b> Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?</p> <p><b>IF YES:</b> I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about death and dying. Would you be willing to do that?</p> <p style="padding-left: 40px;"><b>IF YES:</b> Okay. There is also a national hotline number you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. <b>THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.</b></p> <p><b>IF NO:</b> I strongly suggest that you contact the national hotline number at 1-800-273-8255. Counselors are available 24 hours a day to talk to you about how you are feeling. They may also help you locate mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. <b>THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.</b></p> <p><b>3. WHEN CALL IS COMPLETED, CALL DR. BATTS OR DR. STAMBAUGH IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF. FILL OUT A DISTRESSED RESPONDENT REPORT AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFYING INFORMATION (PII).</b></p>	



## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
<b>2—Suicidal Adult Respondent</b>	<b>Current and Serious Active Suicidal Thoughts</b>
<b>STEPS</b>	
<p><b>1. END SCREENING/INTERVIEW AND THEN READ TO R:</b> When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you are thinking about harming yourself. So, I would like to connect you with a helpline where counselors are available to speak with you. Please stay on the line while I call. If we get disconnected, I will call you back.</p> <p><b>2. PUT RESPONDENT ON HOLD AND CALL National Suicide Prevention Lifeline services TO SET UP A 3-WAY CALL: 1-800-273-TALK or 1-800-273-8255</b></p> <ul style="list-style-type: none"> <li>• <b>IF SOMETHING HAPPENS <u>AND</u> YOU ARE UNABLE TO CONNECT TO HELPLINE: KEEP THE RESPONDENT ON THE PHONE (ON HOLD) AND CALL YOUR CLINICAL SUPERVISOR.</b></li> </ul> <p><b>3. ONCE YOU REACH THE HELPLINE, READ:</b> I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is seriously thinking about hurting (himself/herself). Even though I'm calling you from <b>[FILL STATE]</b>, the respondent lives in <b>[INSERT SUBJECT'S STATE]</b>. I have asked the respondent to wait on the line while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information. Remember that (he/she) should still be waiting on the other line.</p> <p><b>DO NOT SHARE ANY INTERVIEW DATA.</b></p> <ul style="list-style-type: none"> <li>• <b>IF ASKED FOR NMHS OVERVIEW:</b> This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States. Questions ask about a variety of mental health issues that people face, such as depression or sadness, anxiety and fears, and other health related issues, such as treatment and healthcare experiences. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her</li> </ul>	

well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE TO THE HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END. IF THE RESPONDENT GETS DISCONNECTED AND YOU CANNOT REACH HIM/HER ON THE PHONE AGAIN IMMEDIATELY, CALL THE HELPLINE AND PROVIDE INFORMATION--GIVE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.
- 5. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL CLINICAL SUPERVISOR. IF HE/SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BATTS OR DR. STAMBAUGH TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT A DISTRESSED RESPONDENT REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PII.
- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO HELPLINE OR R HANGS UP BEFORE YOU CONNECT R WITH LIFELINE AND YOU CANNOT REACH R AGAIN.**  
**CALL CLINICAL SUPERVISOR. SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THAT CHILD'S PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE RESPONDENT'S CONTACT INFORMATION.**

## Clinician Distressed Respondent Protocol (Cont'd)

### Situation 2: Suicidal Adolescent Respondent

If an adolescent respondent reports any of the issues listed below during any interactions with you, including before, during, or after a screening or interview, you must follow the instructions in the box provided. Details of all incidents must be documented in the case management system and reported to your clinical supervisor immediately.

- Has had any suicidal thoughts *in the past two weeks*, including
  - **current and serious passive suicidal thoughts** (i.e. thoughts or wishes about his or her death in the absence of thoughts about specific ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, or intention of dying or attempting suicide) or
  - **current and serious active suicidal thoughts** (i.e. thoughts or wishes about his or her death combined with thoughts about specific ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan)

An adolescent with current and serious suicidal thoughts requires that you take action. Follow the appropriate steps for the scenarios below. These scenarios require that you set up a 3-way call with a parent or a national helpline to make sure that the child will be safe when you finish the interview. We expect that you will almost always be able to reach either the parent or the helpline. However, in an emergency, please do the following:

- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO THE PARENT OR TO EITHER HELPLINE: KEEP THE CHILD RESPONDENT ON THE PHONE (ON HOLD) AND CALL YOUR CLINICAL SUPERVISOR.**
- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO THE PARENT OR CONNECT TO EITHER HELPLINE AND YOU ARE SERIOUSLY CONCERNED THAT THE CHILD IS IN IMMEDIATE DANGER, CALL YOUR CLINICAL SUPERVISOR. SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THAT CHILD'S PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE CHILD'S CONTACT INFORMATION.**

## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
3—Suicidal Child Respondent	<b>INFORMING CHILD RESPONDENT OF NEED TO CONTACT PARENT</b>
<b>STEPS</b>	
<p><b>1. INTERVIEWER READS:</b> I promised that I would need to contact someone else only if you were in danger of getting seriously hurt. What you have told me about hurting yourself has me concerned about your safety and well-being. So, first I would like you to write down a phone number where there is always an adult to talk to about how you are feeling 24-hours a day. They can also help you find a counselor in your area. Do you have a pen or pencil? <b>(WAIT ON RESPONDENT)</b> To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? <b>(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN)</b>. If you feel that this is an emergency now or later, you should tell an adult, go to a hospital emergency room, or call 911 for help.</p> <p><b>2. INTERVIEWER READS:</b> Now, I would like to share what you told me with one of your parents so they can make sure that you are safe. I will also have to tell my supervisor. Would you like to stay on the phone when I talk to your parent about this?</p> <p><b>3. INTERVIEWER READS:</b> Is your parent home? Can you go get him or her to join our call? <b>CHILD RESPONDENT MAY PASS PHONE DIRECTLY TO PARENT OR REMAIN ON ONE LINE WHILE THE PARENT GETS ON ANOTHER. PARENT MAY JOIN WITH OR WITHOUT THE ADOLESCENT ON THE LINE.</b></p> <p><b>4. IF THE PARENT IS NOT HOME OR NOT NEAR THE CHILD, INTERVIEWER READS:</b> What is the best number to reach your parent right now?</p> <p><b>5. ATTEMPT A 3-WAY CALL TO REACH THE PARENT.</b></p> <p><b>6. IF THE RESPONDENT GETS <u>EXTREMELY</u> ALARMED AT THE IDEA OF YOU TALKING TO THE PARENT, YOU SHOULD LINK THE ADOLESCENT DIRECTLY TO A HELPLINE VIA A 3-WAY CALL. THIS SHOULD BE A RARE EVENT. SEE SCENARIO 5 BELOW.</b></p>	

## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
4—Suicidal Child Respondent	<b>PARENT CAN BE REACHED RIGHT AWAY</b>
<b>STEPS</b>	
<p>1. <b>TO PARENT—INTERVIEWER READS:</b> Your teenager was just completing his/her interview for the NMHS Study. During that interview, your teenager told me that he/she is currently having serious thoughts about harming him/herself, and we want to make sure he/she is safe. I am not acting in a clinical capacity so I cannot tell you more about what this means. However, I would like to let you know so that you can talk to your teenager and decide what to do. You may want to contact your teenager’s doctor or health care professional to discuss this further or call a local behavioral health professional. I have a helpline number where counselors are available 24 hours a day to speak with you or your teenager. They may also help you find a counselor in your area. Do you have something to write with? (<b>WAIT ON RESPONDENT</b>) The national helpline number is 1-800-448-3000. If you feel that this is an emergency now or later, please take your teenager to a hospital emergency room or call 911 for help.</p> <p>2. <b>RESPONDENT CLOSING SCRIPT (FOR EITHER THE PARENT REMAINING ON THE LINE OR BOTH PARENT AND TEEN, IF TEEN HAS REMAINED):</b> Thank you for your time today. Good-bye.</p> <p>3. <b>INTERVIEWER ACTION: WHEN CALL IS COMPLETED, CALL YOUR CLINICAL SUPERVISOR. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BATTS OR DR. STAMBAUGH TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT A DISTRESSED RESPONDENT REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PII.</b></p>	

## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
5—Suicidal Child Respondent	<b>PARENT NOT HOME: LEAVING A MESSAGE AND CONTACTING HELPLINE</b>

### STEPS

**1. IF PARENT IS NOT HOME—INTERVIEWER LEAVES A MESSAGE:** Hello, this is [insert your name] calling from RTI International. I have just conducted the NMHS interview with [insert child respondent's name]. I would like to speak with you as soon as possible about this interview. Please call Dr. Leyla Stambaugh at RTI International as soon as you get a chance. Her number is 1-800-334-8571 extension 2-2618. We will attempt to call you back if we do not hear from you soon. Thank you.

**2. IF PARENT IS NOT HOME AND THERE IS NO ALTERNATIVE PHONE NUMBER—RETURN TO TEENAGER ON THE PHONE AND READ:** I was not able to reach your parent and I left a message for him/her to call RTI. Since I can't reach your parent, I still want to make sure that you are safe. I would like for you to be able to talk to another adult about how you are feeling. So, I would like to connect you with a helpline where counselors are available to speak with you. Please stay on the line while I call. If we get disconnected, I will call you back.

**PUT CHILD RESPONDENT ON HOLD AND CALL BOY'S TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

**IF YOU CANNOT GET THROUGH USING THE BOYS TOWN NATIONAL HOTLINE, CALL THE LIFELINE HELPLINE: 1-800-273-8255**

**3. ONCE YOU REACH THE HELPLINE, INTERVIEWER READS:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that (he/she) is seriously thinking about hurting (himself/herself). Even though I'm calling you from [FILL STATE], the respondent lives in [INSERT CHILD'S STATE]. I have asked the respondent to wait on the line while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information. Remember that (he/she) should still be waiting on the other line.

**DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR NMHS OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States. Questions ask about a variety of mental health issues that young people may face, such as depression or sadness, anxiety and fears, attention and concentration difficulties, and other health related issues, such as treatment and healthcare experiences. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION: CONNECT CHILD RESPONDENT AND INTRODUCE TO THE HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE CHILD RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END. IF THE CHILD RESPONDENT GETS DISCONNECTED AND YOU CANNOT REACH HIM/HER ON THE PHONE AGAIN IMMEDIATELY, CALL THE HELPLINE AND PROVIDE INFORMATION--GIVE CHILD RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.**
- 5. INTERVIEWER ACTION: WHEN CALL IS COMPLETED, CALL YOUR CLINICAL SUPERVISOR. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BATTS OR DR. STAMBAUGH TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT A DISTRESSED REPENDENT REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PII.**

**Protocol note:** *In cases where a message has been left for the parent, Dr. Batts or Dr. Stambaugh will attempt to contact the parent within the next 24 hours and follow the previous "parent information" script. When no message can be left for the parent, Dr. Batts or Dr. Stambaugh will attempt to call the parent post-child interview reading the parent script from this protocol.*

## Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
<b>6—Suicidal Child Respondent</b>	<b>CHILD RESPONDENT IS ALARMED AND ABSOLUTELY REFUSES PARENT CONTACT</b>
<b>STEPS</b>	
<p><b>1. INTERVIEWER READS:</b> I understand that you do not want me to contact your parent. But, I must make sure that you are safe and I would like for you to be able to talk to another adult about how you are feeling. So, I would like to connect you with a helpline where counselors are available to speak with you. Please stay on the line while I call. If we get disconnected, I will call you back.</p> <p><b>2. INTERVIEWER ACTION: PUT CHILD RESPONDENT ON HOLD AND CALL THE BOYS TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.</b></p> <p><b>IF YOU <u>CANNOT</u> GET THROUGH USING THE BOYS TOWN HELPLINE, CALL THE LIFELINE HELPLINE: 1-800-273-8255</b></p> <p><b>3. ONCE YOU REACH THE HELPLINE, INTERVIEWER READS:</b> I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that (he/she) is seriously thinking about hurting (himself/herself). Even though I'm calling you from <b>[FILL STATE]</b>, the respondent lives in <b>[INSERT CHILD'S STATE]</b>. I have asked the respondent to wait on the line while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information. Remember that (he/she) should still be waiting on the other line.</p> <p><b>DO NOT SHARE ANY INTERVIEW DATA.</b></p> <p><b>IF ASKED FOR NMHS OVERVIEW:</b> This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand mental health issues in the United States. Questions ask about a variety of mental health issues that young people may face, such as depression or sadness, anxiety and fears, attention and concentration difficulties, and other health related issues, such as treatment and healthcare experiences. Please note that this information was obtained through the respondent's</p>	



participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION: CONNECT CHILD RESPONDENT AND INTRODUCE HIM/HER TO THE HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE CHILD RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END. IF R DISCONNECTED AND YOU CANNOT REACH HIM/HER ON THE PHONE AGAIN IMMEDIATELY, CALL HELPLINE AND PROVIDE INFORMATION--GIVE CHILD RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.**
- 5. INTERVIEWER ACTION: WHEN CALL IS COMPLETED, CALL YOUR CLINICAL SUPERVISOR. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BATTIS OR DR. STAMBAUGH TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT DISTRESSED REpondent REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PII.**

## Clinician Distressed Respondent Protocol (Cont'd)

### Situation 3: A distressed or upset (but not suicidal) adult or adolescent respondent

If a respondent becomes distressed or upset (but not suicidal) during any interactions with the recruiter or clinical interviewer, including before, during, or after a screening or interview, the staff member will follow the instructions in the box provided below.

Scenario Number	Script for:
7—Upset respondent	<b>RESPONDENT SEEMS UPSET BY THE INTERVIEW</b>
<b>STEPS</b>	
<p><b>1. INTERVIEWER READS:</b> Some of these questions are hard to talk about, and it seems to be upsetting you.</p> <p><b>INTERVIEWER ACTION:</b> Offer the respondent a short break by saying:</p> <p><i>“I realize these questions can be difficult to answer. Would you like to take a break and get a drink of water?”</i></p> <p>Depending on how the respondent answers you may do the following:</p> <p><b>A. YES - CONTINUE WITH SENSITIVITY</b></p> <p>Maybe you can call someone (FOR CHILD [like an adult that you trust]) when you get off the phone so that she or he can help you talk about how you are feeling. Also, I have a telephone number where counselors are available 24-hours a day to talk to you about how you are feeling. Do you have a pen or pencil? <b>(WAIT ON RESPONDENT)</b> To contact the national helpline, call <b>[1-800-448-3000 for adolescents / 1-800-273-8255 for adults]</b>. Could you repeat that number back to me? <b>(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN)</b></p> <p><b>INTERVIEWER ACTION: CONTINUE WITH INTERVIEW, IF POSSIBLE. AFTER THE INTERVIEW, COMPLETE AND E-MAIL A DISTRESSED RESPONDENT REPORT WITH YOUR CLINICAL SUPERVISOR INFORMING HIM OR HER A TOLL-FREE NUMBER REFERRAL WAS GIVEN, RESPONDENT’S CASE ID, INTERVIEWER’S ID, DATE, TIME, DETAILED DESCRIPTION OF THE</b></p>	

**INTERACTION BETWEEN THE INTERVIEWER AND THE RESPONDENT, AND IF THE APPROPRIATE PROTOCOLS WERE FOLLOWED. EXCLUDE PII.**

**B. YES, AND WOULD LIKE TO STOP INTERVIEW** - Suspend and schedule another interview time. State the following:

Maybe you can call someone (FOR CHILD [like an adult that you trust]) when you get off the phone so that she or he can help you talk about how you are feeling. Also, I have a telephone number where counselors are available 24-hours a day to talk to you about how you are feeling. Do you have a pen or pencil? **(WAIT ON RESPONDENT)** To contact the national helpline, call **[1-800-448-3000 for adolescents / 1-800-273-8255 for adults]**. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN)**

**INTERVIEWER ACTION: COMPLETE AND FILE A DISTRESSED RESPONDENT REPORT WITH YOUR CLINICAL SUPERVISOR INFORMING HIM OR HER A TOLL-FREE NUMBER REFERRAL WAS GIVEN, RESPONDENT'S CASE ID, INTERVIEWER'S ID, DATE, TIME, DETAILED DESCRIPTION OF THE INTERACTION BETWEEN THE INTERVIEWER AND THE RESPONDENT, AND IF THE APPROPRIATE PROTOCOLS WERE FOLLOWED.**

**C. NO, DON'T WANT TO CONTINUE EVER** – Terminate the interview, thank the respondent, and provide the incentive payment and receipt.

**COMPLETE AND FILE A DISTRESSED RESPONDENT REPORT WITH YOUR CLINICAL SUPERVISOR INFORMING HIM OR HER A TOLL-FREE NUMBER REFERRAL WAS GIVEN, RESPONDENT'S CASE ID, INTERVIEWER'S ID, DATE, TIME, DETAILED DESCRIPTION OF THE INTERACTION BETWEEN THE INTERVIEWER AND THE RESPONDENT, AND IF THE APPROPRIATE PROTOCOLS WERE FOLLOWED.**

## Clinician Distressed Respondent Protocol (Cont'd)

**Situation 4: A case of present/current suspected child abuse or neglect**

If during the adult or child interview the respondent shares information that leads you to believe that a child is being abused or neglected, the staff member will follow the instructions in the box provided below.

Scenario Number	Script for:
<b>8—Suspected child abuse or neglect</b>	<b>NO SCRIPT, ONLY INTERVIEWER ACTIONS POST-INTERVIEW</b>
<b>STEPS</b>	
<p>IF DURING THE COURSE OF THE ADULT OR CHILD INTERVIEW THE RESPONDENT SHARES INFORMATION THAT LEADS YOU TO BELIEVE THAT A CHILD IS CURRENTLY BEING ABUSED OR NEGLECTED.</p> <ol style="list-style-type: none"> <li><b>1. INTERVIEWER ACTION: CONTINUE WITH INTERVIEW AND DO NOT BREAK OFF. DO NOT ASK FOR ADDITIONAL DETAILS ABOUT THE SUSPECTED CHILD ABUSE OR NEGLECT OR FOR ANY DETAILS BEYOND WHAT IS SHARED NATURALLY DURING THE COURSE OF THE INTERVIEW. ONCE THE INTERVIEW HAS BEEN COMPLETED, COMPLETE AND E-MAIL A DISTRESSED RESPONDENT REPORT FORM WITH YOUR CLINICAL SUPERVISOR. WRITE DOWN SPECIFICALLY WHAT THE RESPONDENT TOLD YOU THAT LED YOU TO SUSPECT CHILD ABUSE OR NEGLECT. EXCLUDE PII.</b></li>   <li><b>2. CALL DR. BATTS OR DR. STAMBAUGH TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM THAT YOU HAVE A CASE OF SUSPECTED CHILD ABUSE OR NEGLECT.</b></li> </ol>	

National Mental Health Study Field Test,  
Supporting Statement  
Attachment AG – CRS Unable-to-Contact  
Letter

## CRS Unable To Contact Letter

DATE

Resident

Attention: «R\_FIRST\_NAME»

«STREET\_ADDRESS»

«CITY», «STATE» «ZIP»

Dear «R\_FIRST\_NAME1»:

Thank you for your recent participation in the National Mental Health Study (NMHS), a study being conducted by Research Triangle Institute for the U.S. Department of Health and Human Services (DHHS). When you completed the initial NMHS interview with one of our field interviewers, you agreed to participate in a follow-up interview conducted over the telephone. **However, since that time we have been unable to contact you by telephone to complete this follow-up interview. Your participation in this study is extremely important as only a limited number of people were selected to take part—this is why we continue to try to reach you.**

The interview will take approximately one hour and can be scheduled at a time that is convenient for you within the next few days. **To schedule your follow-up interview appointment, we ask that you please contact «DCM», NMHS data collection manager, immediately upon receipt of this letter. You may call «MS\_LAST\_NAME» toll free, 24 hours a day at «PHONE\_NUMBER».** If «MS\_LAST\_NAME» is not available to take your call, please leave your first name, telephone number, address including city and state, and the time you wish to be interviewed. When leaving a message, please state your telephone number, including area code, clearly and repeat the number once to be sure we capture the number correctly. «MS\_LAST\_NAME1» will call you back within 24 hours to confirm your appointment.

We appreciate that your time is a precious commodity. This is why our field interviewer provided an additional [IF ADULT OR ADOLESCENT FILL \$40; IF PARENT FILL \$30] cash payment for agreeing to participate in the follow-up interview as a token of appreciation for your time.

We are happy to work around your schedule in order to complete this very important research. Your call to «MS\_LAST\_NAME2» is very important to the success of this study. Thank you for your assistance with this important research effort.

Sincerely,



Amy Kowalski  
National Field Director, RTI

\*The National Mental Health Study is conducted by Research Triangle Institute for the Substance Abuse and Mental Health Services Administration and the National Institute of Mental Health, both part of the Department of Health and Human Services. [<http://www.samhsa.gov>] [<http://www.nimh.gov>] [<http://www.rti.org>]