

National Mental Health Study Field Test,
Supporting Statement
Attachment F – Appointment Card

Interview Appointment



Interview Appointment



Interview Appointment



Interview Appointment



Interview Appointment

Just a reminder: I appreciate you taking time for this important study and look forward to our appointment to complete the interview. You will receive **\$40** in cash upon completion of the interview!

I have you scheduled for the following:

Day: _____ Date: _____ Time: _____

Interviewer: _____



RTI International
Research Triangle Park, NC 27709-2194



Interview Appointment

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RTI International
Research Triangle Park, NC 27709-2194



National Mental Health Study Field Test,
Supporting Statement

Attachment H – Introduction and Informed
Consent Scripts

Introduction and Informed Consent

Adult

INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.)

READ THE INFORMATION IN THE BOX BELOW BEFORE STARTING EVERY INTERVIEW

This year, we are interviewing about 1,200 people across the nation. You have been randomly chosen to take part. You will represent over 270,000 other people who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will give you \$40 when you finish the interview.

GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.

This study asks about a variety of mental health conditions such as depression and anxiety and other health related topics such as treatment and healthcare experiences. There are additional questions about your health, relationships, sexual behaviors, substance use, self-harm and experiences with and exposure to crime and violence. It takes about an hour.

You will answer most of the questions on the computer, so I will not see your answers. We are only interested in the combined responses from all 1,200 people, not just one person's answers. This is why we keep your answers separate from your name and address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview. We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether or not you want to be in the study.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. The only exceptions to this promise of confidentiality are if you tell me that you intend to seriously harm yourself or someone else. In these situations, I need to tell my supervisor.

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 toll-free hotline numbers.

If it is all right with you, let's get started. Can we find a private place to complete the interview?

Parental Consent to Interview Respondents Age 13-17

INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.) Are you [ADOLESCENT'S] parent or legal guardian? [IF RESPONDENT SAYS 'NO' ASK] Do you have the legal authority to say whether or not [ADOLESCENT] could participate in this study?

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

Your (AGE) year-old adolescent has been selected to be in this study. Your adolescent's participation is voluntary.

This interview asks 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, like substance use, sexual behavior, self-harm, and healthcare services. The interview includes questions about your adolescent's experiences at home and in school, including his or her experience with various forms of discipline as well as experience with and exposure to crime and violence. The interview also asks your adolescent about the mental health, substance use, suicide and criminal justice involvement of parents and other family members. This study includes adolescents who do and do not have mental health issues.

All of your adolescent's answers will be confidential and used only for statistical purposes. Since your adolescent will answer most of the questions on the computer, I will never see the answers, and you are not allowed to see them either. In addition, your adolescent needs to do the interview in a private setting. The interview takes about an hour.

The answers that your adolescent enters into the computer will be kept completely private. There are two things that I cannot keep private. If your adolescent chooses to say something to me while taking the computer-based interview that suggests he or she wants to seriously harm him or herself or is at risk of serious harm by an adult, I may need to call someone who can help. In this case, I will also ask your adolescent's permission to speak with you about the situation.

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 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, I will provide your adolescent with toll-free hotline numbers.

We may also ask your adolescent to consider participating in future studies. When we contact you in the future, you can decide whether or not you want your adolescent to be in the study.

If it is all right with you, I will ask your adolescent if he or she would like to participate in the interview.

**FIRST, READ SCRIPT BELOW AND OBTAIN PERMISSION FROM THE
PARENT/LEGAL GUARDIAN**

**ONCE PARENTAL PERMISSION HAS BEEN GIVEN, CONFIRM THE
PARENT/LEGAL GUARDIAN OR ANOTHER ADULT WILL BE PRESENT FOR THE
DURATION OF THE INTERVIEW. THEN, READ THE INFORMATION IN THE BOX
BELOW BEFORE STARTING EVERY INTERVIEW WITH A 13-17 YEAR OLD**

Informed Assent for Adolescents 13-17 Years Old

This year, we are interviewing about 1,200 people across the nation. You have been randomly chosen to take part. You will represent over 73,000 young people in this country who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will give you \$40 when you finish the interview.

GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.

This study asks 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. The interview will also ask you about your health, substance use, sexual behaviors, self-harm and experiences with and exposure to crime and violence. This study includes young people who do and do not have mental health issues.

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 takes about an hour. You will answer most of the questions on the computer, so I will not see your answers. Your answers will never be seen by either your parents or your school. We are only interested in the combined responses from all 1,200 people, not just one person's answers. This is why we keep your answers separate from your name and address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview. We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether or not you want to be in the study.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions. There are two things that I cannot keep private. If you tell me that you plan to seriously harm yourself or that you are at serious risk of being harmed by an adult, I may need to call someone who can help.

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 counselor about how you are feeling, I will provide you with toll-free hotline numbers.

Do you want to participate in this study?

National Mental Health Study Field Test,
Supporting Statement
Attachment T – Showcard Booklet

National Mental Health Study

SHOWCARD BOOKLET

RTI INTERNATIONAL

RTI Telephone Numbers

Tech Support (877) 677-2741

Headway (800) 208-7043

To reach other RTI staff, call 1-800-848-4079 then ask the operator for the employee with whom you wish to speak.

Website Addresses

RTI <http://www.rti.org>

SAMHSA <http://www.samhsa.gov>

NIMH..... <http://www.nimh.nih.gov>

Interview Troubleshooting Guide

To suppress a Hard Error involving two questions:

- **Read the message box carefully.**
 - If the first question listed is the one to be changed, press [ENTER].
 - If the second question listed is the one to be changed, press the down arrow to highlight the second question, then press [ENTER].
 - In the rare event that neither question needs to be changed and the data entered are correct, press [Tab] until the Suppress box is highlighted and press [ENTER], then provide an explanation for why the error was suppressed.

To edit a lengthy response:

- With the cursor in the answer field, press the Insert key [Ins]. Use the arrow keys to move to the precise place within the answer field to edit or add to existing text. If necessary, record additional text in a comment box, by pressing [F8].

To correct range errors:

- For numerical questions, read the box carefully, making note of the expected range, if provided in the message. Press [ENTER] to clear the error, then type a new answer within range.
- For pre-coded questions, read the message box carefully, then press [ENTER] to clear the error. Type a new answer that corresponds with a pre-coded answer choice on the screen.
- For multiple choice questions (Code All That Apply), read the message box carefully, then press [ENTER] to clear the error. Type a new answer that corresponds with a pre-coded answer choice on the screen, pressing the [Space bar] between each response as needed.

To correct date errors:

- Review the instructions on the screen to determine the date format for the question. For "MM-DD-YYYY" format, the date must be entered with a 2-digit month and day and 4-digit year. For "MM-YYYY" format, the date must be entered with a 2-digit month and 4-digit year. Do not enter dashes or spaces—just the number including any leading zeros for month or day.

If an R needs assistance with an ACASI question, provide the corresponding steps above for the problem they are having. Take care not to view the screen while assisting the R, to ensure the confidentiality of their answers. For additional details on entering CAI responses and troubleshooting error messages, refer to Chapter 5 in your FI Computer Manual.

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

ROCKVILLE, MD 20857

[NAME County/Parish/District] Resident at:
1234 Main Street
Anywhere, XX 12345



Dear [NAME County/Parish/District] Resident:

The U.S. Department of Health and Human Services (DHHS) is conducting a study called the National Mental Health Study. This study asks questions about mental health and other health-related topics. Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

Your address was randomly chosen along with almost 3,600 others across the country. RTI International, a nonprofit organization, was selected to conduct this study. Soon, an RTI interviewer will be in your neighborhood to give you more information. When the interviewer arrives, please ask to see his or her personal identification card. An example of the ID card is shown below.

First, the interviewer will ask a few general questions. **In appreciation for the time taken to answer these screening questions, the household member will receive [FILL: \$5/\$10] in cash.** Then the interviewer may ask one or two members of your household to complete an interview. It is possible that no one from your household will be chosen to be interviewed. **Every person who is chosen and completes the full interview will receive \$40 in cash.**

By Federal law*, the answers you give will be kept confidential and will be used only for statistical purposes.

This letter is addressed to "Resident" because your address was selected, and we do not know your name. Feel free to ask the interviewer any questions you have about the study. More information is also available on the study website at: <https://www.nmhsweb.org>, or you may contact us at [PHONE NUMBER FILL].

We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether or not you want to participate.

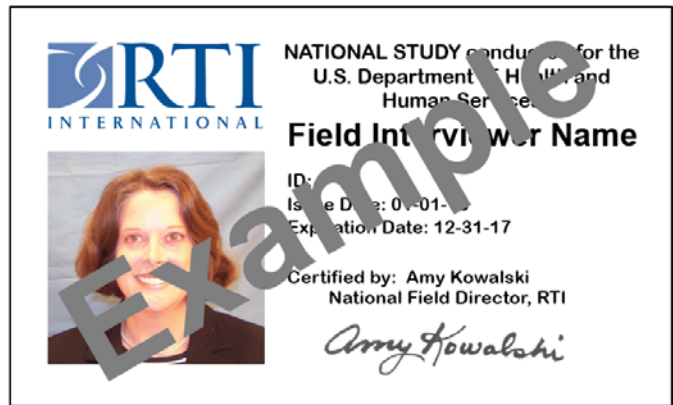
Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Lisa J. Colpe, PhD, MPH
National Study Director, DHHS

Grace Medley
National Field Director, DHHS

Amy Kowalski
National Field Director, RTI



You will be contacted by:

Interviewer Name

*Confidentiality protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347) Authorized by the U.S. Congress as part of Section 505 of the Public Health Service Act (42 USC 290aa4) Approved by Office of Management and Budget (OMB Approval No. **UPDATE**)



U.S. Department of Health and Human Services

NMHS Study Description

The National Mental Health Study (NMHS) is a nationally representative study that will:

- Examine the frequency of a variety of mental health conditions;
- Investigate connections between mental health problems and treatment.

Knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States.

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.

Your address is one of several in this area randomly chosen for the NMHS. Your name and address will never be connected to your answers. Also, federal law 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 screening questions take just a few minutes. We will give you [FILL: \$5/\$10] when you finish the screening. If anyone is chosen, the interview will take about an hour. You can refuse to answer any questions, and you can quit at any time. **Each person who is chosen and completes the interview will receive \$40 in cash.**

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.

A handwritten signature in black ink that reads "Lisa J. Colpe".

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.

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.

Introduction and Informed Consent

Adult

INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.)

READ THE INFORMATION IN THE BOX BELOW BEFORE STARTING EVERY INTERVIEW

This year, we are interviewing about 1,200 people across the nation. You have been randomly chosen to take part. You will represent over 270,000 other people who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will give you \$40 when you finish the interview.

GIVE STUDY DESCRIPTION TO R IF YOU HAVE NOT ALREADY DONE SO.

This study asks about a variety of mental health conditions such as depression and anxiety and other health related topics such as treatment and healthcare experiences. There are additional questions about your health, relationships, sexual behaviors, substance use, self-harm and experiences with and exposure to crime and violence. It takes about an hour.

You will answer most of the questions on the computer, so I will not see your answers. We are only interested in the combined responses from all 1,200 people, not just one person's answers. This is why we keep your answers separate from your name and address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview. We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether or not you want to be in the study.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. The only exceptions to this promise of confidentiality are if you tell me that you intend to seriously harm yourself or someone else. In these situations I need to tell my supervisor.

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 toll-free hotline numbers.

If it is all right with you, let's get started. Can we find a private place to complete the interview?

Parental Consent to Interview Respondents Age 13-17

INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LEAD LETTER, IF NECESSARY.) Are you [CHILD'S] parent or legal guardian? [IF RESPONDENT SAYS 'NO' ASK] Do you have the legal authority to say whether or not [CHILD] could participate in this study?

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

Your (AGE) year-old child has been selected to be in this study. Your child's participation is voluntary.

This interview asks 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, like substance use, sexual behavior, self-harm, and healthcare services. The interview includes questions about your child's experiences at home and in school, including his or her experience with various forms of discipline as well as experience with and exposure to crime and violence. The interview also asks your child about the mental health, substance use, suicide and criminal justice involvement of parents and other family members. This study includes children who do and do not have mental health issues.

All of your child's answers will be confidential and used only for statistical purposes. Since your child will answer most of the questions on the computer, I will never see the answers, and you are not allowed to see them either. In addition, your child needs to do the interview in a private setting.

The answers that your child enters into the computer will be kept completely private. There are two things that I cannot keep private. If your child chooses to say something to me while taking the computer-based interview that suggests he or she wants to seriously harm him or herself or is at risk of serious harm by an adult, I may need to call someone who can help. In this case, I will also ask your child's permission to speak with you about the situation.

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

We may also ask your child to consider participating in future studies. When we contact you in the future, you can decide whether or not you want your child to be in the study.

If it is all right with you, I will ask your child if he or she would like to participate in the interview. Can we find a private place to complete the interview?

**FIRST, READ SCRIPT BELOW AND OBTAIN PERMISSION FROM THE
PARENT/LEGAL GUARDIAN**

**ONCE PARENTAL PERMISSION HAS BEEN GIVEN, CONFIRM THE
PARENT/LEGAL GUARDIAN OR ANOTHER ADULT WILL BE PRESENT FOR THE
DURATION OF THE INTERVIEW. THEN, READ THE INFORMATION IN THE BOX
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Informed Assent for Adolescents 13-17 Years Old

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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 takes about an hour. You will answer most of the questions on the computer, so I will not see your answers. Your answers will never be seen by either your parents or your school. We are only interested in the combined responses from all 1,200 people, not just one person's answers. This is why we keep your answers separate from your name and address. RTI may contact you by phone or mail to ask a few questions about the quality of my work. This is why we ask for your phone number and current address at the end of the interview. We may also ask you to consider participating in future studies. When we contact you in the future, you can decide whether or not you want to be in the study.

While the interview has some personal questions, federal law keeps your answers private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions. There are two things that I cannot keep private. If you tell me that you plan to seriously harm yourself or that you are at serious risk of being harmed by an adult, I may need to call someone who can help.

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 counselor about how you are feeling, I will provide you with toll-free hotline numbers.

Do you want to participate in this study?

SHOWCARD 1

- 1 AMERICAN INDIAN OR ALASKA NATIVE
- 2 ASIAN
- 3 BLACK OR AFRICAN AMERICAN
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 WHITE

SHOWCARD 2

- 0 NO SCHOOLING COMPLETED
- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED

- 12 REGULAR HIGH SCHOOL DIPLOMA
- 13 12TH GRADE, NO DIPLOMA
- 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION

- 15 SOME COLLEGE CREDIT, BUT NO DEGREE
- 16 ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
- 17 BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)

- 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA)
- 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD)
- 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)

SHOWCARD 3

- 1 SEPTEMBER 2001 OR LATER
- 2 AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)
- 3 MAY 1975 TO JULY 1990
- 4 MARCH 1961 TO APRIL 1975 (VIETNAM ERA)
- 5 FEBRUARY 1955 TO FEBRUARY 1961
- 6 JULY 1950 TO JANUARY 1955 (KOREAN WAR)
- 7 JANUARY 1947 TO JUNE 1950
- 8 DECEMBER 1941 TO DECEMBER 1946 (WORLD WAR II)
- 9 NOVEMBER 1941 OR EARLIER

SHOWCARD 4

1 -- ABILIFY	30 -- CITALOPRAM	59 -- ESZOPICLONE
2 -- ABILIFY MAINTENA	31 -- CLOMIPRAMINE	60 -- EVEKEO
3 -- ADDERAL	32 -- CLONAZEPAM	61 -- FANAPT
4 -- ADDERAL XR	33 -- CLONIDINE	62 -- FETZIMA
5 -- ALPRAZOLAM	34 -- CLOZAPINE	63 -- FLUOXETINE
6 -- AMBIEN	35 -- CLOZARIL	64 -- FLUPHENAZINE
7 -- AMITRIPTYLINE	36 -- COGENTIN	65 -- FLUPHENAZINE DECANOATE
8 -- AMPHETAMINE	37 -- CONCERTA	66 -- FLUVOXAMINE
9 -- ANAFRANIL	38-- CYMBALTA	67 -- FOCALIN
10 -- ARIPIPRAZOLE	39 -- CYTOMEL	68 -- FORFIVO XL
11 -- ARMODAFINIL	40 -- DAYTRANA	69 -- GABAPENTIN
12 -- ARTANE	41 -- DEPAKENE	70 -- GABITRIL
13 -- ASENAPINE	42 -- DEPAKOTE	71 -- GEODON
14 -- ATIVAN	43 -- DEPAKOTE SPRINKLES	72 -- GUANFACINE
15 -- ATOMOXETINE	44 -- DESOXYN	73 -- HALDOL
16 -- BELSOMRA	45 -- DESVENLAFAXINE	74 -- HALDOL DECANOATE
17 -- BENZTROPINE	46 -- DESYREL	75 -- HALOPERIDOL
18 -- BRINTELLIX	47 -- DEXEDRINE	76 -- HALOPERIDOL DECANOATE
19 -- BUDEPRION SR	48 -- DEXMETHYLPHENIDATE	77 -- HETLIOZ
20 -- BUDEPRION XL	49 -- DEXTROAMPHETAMINE	78 -- ILOPERIDONE
21 -- BUPROPION	50 -- DEXTROAMPHETAMINE/ AMPHETAMINE	79 -- INDERAL
22 -- BUSPAR	51 -- DIAZEPAM	80 -- INTUNIV
23 -- BUSPIRONE	52 -- DIVALPROEX	81 -- INVEGA
24 -- CARBAMAZEPINE	53 -- DOXEPIN	82 -- INVEGA SUSTENNA
25 -- CARBATROL	54 -- DULOXETINE	83 -- ISOCARBOXAZID
26 -- CATAPRES	55 -- EFFEXOR	84 -- KLONOPIN
27 -- CELEXA	56 -- ELAVIL	85 -- LAMICTAL
28 -- CHLORDIAZEPOZIDE	57 -- ESCITALOPRAM	86 -- LAMOTRIGINE
29 -- CHLORPROMAZINE	58 -- ESKALITH	87 -- LATUDA

88 -- LEVOMILNACIPRAN	117 -- PARNATE	146 -- SUVOREXANT
89 -- LEXAPRO	118 -- PAROXETINE	147 -- TASIMELTEON
90 -- LIBRIUM	119 -- PAXIL	148 -- TEGRETOL
91 -- LISDEXAMFETAMINE	120 -- PHENELZINE	149 -- TEMAZEPAM.
92 -- LITHIUM	121 -- PRAZOSIN	150 -- TENEX
93 -- LITHOBID	122 -- PREGABALIN	151 -- THORAZINE
94 -- LORAZEPAM	123 -- PRISTIQ	152 -- TOPAMAX
95 -- LUNESTA	124 -- PROCENTRA	153 -- TOPIRAMATE
96 -- LURASIDONE	125 -- PROLIXIN	154 -- TRANYLCPROMINE
97 -- LUVOX	126 -- PROLIXIN DECANOATE	155 -- TRAZODONE
98 -- LYRICA	127 -- PROPRANOLOL	156 -- TRIHEXYPHENIDYL
99 -- MARPLAN	128 -- PROVIGIL	157 -- TRIIODOTHYRONINE (T3)
100 -- MELATONIN	129 -- PROZAC	158 -- TRILEPTAL
101 -- METADATE	130 -- QUETIAPINE	159 -- VALIUM
102 -- METHAMPHETAMINE	131 -- QUILLIVANT XR	160 -- VALPROIC ACID
103 -- METHYLIN	132 -- RAMELTEON	161 -- VENLAFAXINE
104 -- METHYLPHENIDATE	133 -- REMERON	162 -- VIIBRYD
105 -- MINIPRESS	134 -- RESTORIL	163 -- VILAZODONE
106 -- MIRTRAZAPINE	135 -- RISPERDAL	164 -- VORTIOXETINE
107 -- MODAFINIL	136 -- RISPERDAL CONSTA	165 -- VYVANSE
108 -- NARDIL	137 -- RISPERIDONE	166 -- WELLBUTRIN
109 -- NEURONTIN	138 -- RITALIN	167 -- XANAX
110 -- NORTRIPTYLINE	139 -- ROZEREM	168 -- ZALEPLON
111 -- NUVIGIL	140 -- SAPHRIS	169 -- ZENZEDI
112 -- OLANZAPINE	141 -- SEROQUEL	170 -- ZIPRASIDONE
113 -- OXCARBAZEPINE	142 -- SERTRALINE	171 -- ZOLOFT
114 -- PALIPERIDONE	143 -- SILENOR	172 -- ZOLPIDEM
115 -- PALIPERIDONE PALMITATE (EXTENDED RELEASE INJECTABLE)	144 -- SONATA	173 -- ZOLPIMIST
116 -- PAMELOR	145 -- STRATTERA	174 -- ZYPREXA
		175 -- ZYPREXA RELPREVV

SHOWCARD 5

- 1 SELF
- 2 HUSBAND
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SON-IN-LAW
- 5 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 BROTHER-IN-LAW
- 7 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 FATHER-IN-LAW
- 9 UNCLE
- 10 NEPHEW
- 11 GRANDFATHER
- 12 GRANDSON
- 13 COUSIN
- 14 EX-HUSBAND
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 6

- 1 SELF
- 2 WIFE
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 DAUGHTER-IN-LAW
- 5 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 SISTER-IN-LAW
- 7 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 MOTHER-IN-LAW
- 9 AUNT
- 10 NIECE
- 11 GRANDMOTHER
- 12 GRANDDAUGHTER
- 13 COUSIN
- 14 EX-WIFE
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 7

INCOME EARNED AT A JOB OR BUSINESS

RETIREMENT, DISABILITY, OR SURVIVOR PENSION

UNEMPLOYMENT OR WORKER'S COMPENSATION

VETERAN'S ADMINISTRATION PAYMENTS

CHILD SUPPORT

ALIMONY

INTEREST INCOME

DIVIDENDS FROM STOCKS OR MUTUAL FUNDS

INCOME FROM RENTAL PROPERTIES, ROYALTIES,
ESTATES OR TRUSTS

SHOWCARD 8

- 1 LESS THAN \$1,000
- 2 \$1,000 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$3,999
- 5 \$4,000 - \$4,999
- 6 \$5,000 - \$5,999
- 7 \$6,000 - \$6,999
- 8 \$7,000 - \$7,999
- 9 \$8,000 - \$8,999
- 10 \$9,000 - \$9,999
- 11 \$10,000 - \$10,999
- 12 \$11,000 - \$11,999
- 13 \$12,000 - \$12,999
- 14 \$13,000 - \$13,999
- 15 \$14,000 - \$14,999
- 16 \$15,000 - \$15,999
- 17 \$16,000 - \$16,999
- 18 \$17,000 - \$17,999
- 19 \$18,000 - \$18,999
- 20 \$19,000 - \$19,999

SHOWCARD 9

- 21 \$20,000 - \$24,999
- 22 \$25,000 - \$29,999
- 23 \$30,000 - \$34,999
- 24 \$35,000 - \$39,999
- 25 \$40,000 - \$44,999
- 26 \$45,000 - \$49,999
- 27 \$50,000 - \$74,999
- 28 \$75,000 - \$99,999
- 29 \$100,000 - \$149,999
- 30 \$150,000 OR MORE

SHOWCARD Y2

- 1 The medicine was not helping
- 2 The child or one of his/her parents thought the problem would get better without more medicine
- 3 The child's family couldn't afford to pay for the medicine
- 4 The child was too embarrassed to continue taking the medicine
- 5 The child or one of his/her parents wanted to solve the problem without medications
- 6 The medicine caused side effects that made the child stop
- 7 The child was afraid that he/she would get dependent on the medication
- 8 Someone in the child's personal life pressured him/her to stop
- 9 Any other reason for stopping

SHOWCARD Y3

- 1 The medicine was not helping
- 2 You or one of your parents thought the problem would get better without more medicine
- 3 Your family couldn't afford to pay for the medicine
- 4 You were too embarrassed to continue taking the medicine
- 5 You or one of your parents wanted to solve the problem without medications
- 6 The medicine caused side effects that made you stop
- 7 You were afraid that you would get dependent on the medication
- 8 Someone in your personal life pressured you to stop
- 9 Any other reason for stopping

Enumeration Rules

PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 13 at the time of screening (do count them in the total SDU Members number)
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

- Persons who will live at the SDU for most of the time during the quarter (provided they are 13 or older and not institutionalized at the time of screening)

PERSONS ON ACTIVE DUTY IN THE UNITED STATES' MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be made ineligible by the tablet prior to selection

KNOWN CITIZENS OF FOREIGN COUNTRIES:

- **DO NOT INCLUDE:**
 - citizens of foreign countries living on the premises of an embassy, ministry, legation, chancellery, or consulate
 - citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE citizens of foreign countries who are not living on the premises of an embassy, ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.**

NMHS Screening/Interviewing Tasks

Carefully review the below list to be sure you understand how to properly complete each task, referring to the FI Manual section(s) as needed for details.

Global Tasks	Manual
<p>Read Verbatim Using the Exact Words Provided Do not skip or change words. Do not add additional words or explanations. Take your time to ensure you read each word.</p>	TBD
<p>Know the Study Accurately and concisely answer respondent questions about the study and participation.</p>	TBD
<p>Use Materials Correctly Be organized and have materials accessible. Hand required materials as prompted on the screen. Remember to pack the Showcard Booklet, and Interview Incentive Receipt copies at the end of the interview. Do not ask for any other materials to be returned.</p>	TBD
<p>Protect Respondent Rights Follow ALL informed consent protocols exactly. Treat all information observed/ provided confidentially. Treat each person you encounter respectfully, professionally and ethically. Never reveal a respondent's answers to anyone, including the respondent's family members. Resist the temptation to reveal even positive information gleaned from an interview to parents or other household members.</p>	TBD
<p>Perform all Tasks in an Unbiased Manner Work calmly and professionally. Any comments must be neutral and unbiased.</p>	TBD

Screening Tasks	Manual
<p>Use Segment Materials to locate the correct SDU</p>	TBD
<p>Introduce Yourself and the Study to the Screening Respondent (SR) SR must be an adult (18+) resident of the SDU. Have your ID badge visible. Include the 4 points: your name, you represent RTI International, the sponsor is the US Department of Health and Human Services, and mention/offer the Lead Letter.</p>	TBD
<p>Obtain Informed Consent for screening Give the SR a copy of the Study Description to keep, and read the Informed Consent screen verbatim.</p>	TBD
<p>Complete the Household Roster Ask the questions verbatim and carefully enter responses. The SR must hear each question read in its entirety one time to hear all options. Subsequently you may accept responses early, <u>only</u> if the SR interrupts. Never assume or code by observation other than gender (<i>with one RARE exception if ethnicity/race refused for Householder – see FI Manual</i>).</p>	TBD
<p>Screening Incentive If the SR is not selected for an interview provide the \$5 or \$10 screening incentive and a receipt to the SR.</p>	TBD
<p>Transition to the Interview Smoothly For selected respondent(s), share selection information with SR and interview respondent(s) if available. Ask and be prepared to complete the interview(s) at that time.</p>	TBD
<p>Collect Verification Information (for SDUs with no one selected) Read the text verbatim and enter details accurately.</p>	TBD

NMHS Screening/Interviewing Tasks *(continued)*

Interview Tasks	Manual
<p>Obtain Parental Permission to Speak with Selected Youth PRIOR to talking with youth about the study, read the script available on the tablet Respondent Selection screen to the parent/guardian.</p>	TBD
<p>Introduce Yourself and the Study to the interview respondent (R) Accurately answer any questions the R may have.</p>	TBD
<p>Obtain Parental Permission to Interview Selected Youth Read the top box of the youth script from the Showcard Booklet to the parent/guardian. If two youth are selected, read the script twice to obtain separate permission for each youth. Confirm an adult will be at home during the interview.</p>	TBD
<p>Complete Informed Consent Protocols Read the age appropriate script from the Showcard Booklet verbatim and when prompted give the R a copy of the Study Description to keep (unless the R was the SR and still has a copy available; in all other situations, provide a copy to the R).</p>	TBD
<p>Choose an interview location that gives the respondent privacy</p>	TBD
<p>Set up the Laptop Properly and Efficiently Plug in laptop and headphones, and place fresh covers on the ear pieces in front of R. Turn on laptop and enter password. Enter the QuestID to begin the interview.</p>	TBD
<p>Ask Questions as Worded; Ask All Questions Allow R time to respond. Do not rush the R or allow R to rush you. Ask all questions even if you think you know the answer. Never assume/code by observation. Probe to ensure accurate/complete responses, particularly for initial answer of don't know.</p>	TBD
<p>Use Showcards Properly Turn the Showcard Booklet to the proper card, and give it to the R when instructed on the screen (or lay it on the table for the R). Do not prop up or hold the booklet yourself. Take the booklet back when finished with the question.</p>	TBD
<p>Introduce the Laptop to the R Read the introduction screens verbatim. As instructed, first point (with your finger) then read the description. Be sure the R can see the keyboard. Offer the headphones and demonstrate the volume adjustment.</p>	TBD
<p>Be Available During the ACASI Assist if the R has questions, but be sure you cannot see the screen. To protect confidentiality and privacy, NEVER read the ACASI questions out loud or allow them to play through the laptop speakers (even if the R thinks it is OK). Prepare the end of interview forms (Interview Incentive Receipt: Case ID ONLY). Leave the headphones plugged in until the very end of the interview.</p>	TBD
<p>Describe Parent Interview and Obtain Parent's Cooperation After the adolescent begins the self-administered portion of the NMHS interview provide the knowledgeable parent present in the home a copy of the Parent Study Description, invite the parent to complete the parent interview, and administer informed consent. If the parent agrees to participate in the parent interview, you will record the adolescent's initials, parent e-mail address and parent cell phone number in the tablet. You will then record the parent questionnaire ID as well as the adolescent's initials on the Parent Interview Information Card. You will encourage the parent to complete the interview while you are in the household.</p>	TBD

Interview Tasks	Manual
<p>Describe Clinical Reappraisal Study (CRS) Interview and Obtain Cooperation At the end of each in-person NMHS interview, an algorithm will determine whether the respondent should be invited to participate in the Clinical Reappraisal Study (CRS). If a respondent has been selected to complete the follow-up clinical interview, a series of recruitment screens will automatically display on your computer. If an adult is selected, you will hand the CRS Study Description to the adult and attempt to obtain consent to complete the CRS interview.</p> <p>If an adolescent is selected for the CRS, you will briefly explain the selection to the adolescent and then ask to speak to one of his or her parents or legal guardians. You will hand the CRS Study Description to the parent/legal guardian and read the parental introductory script from the tablet. You will explain the importance of the CRS interviews and provide information about the process. If the parent gives permission, you will hand the CRS Study Description to the adolescent and attempt to obtain assent from the adolescent.</p> <p>If an adolescent's selection algorithm indicates the need for a parent CRS interview you will ask to speak to the adult who was selected to complete the web/telephone parent interview for the adolescent. If that parent is present, you will explain to the parent that he/she was also selected for a follow-up interview. You will hand the CRS Study Description to the parent and attempt to obtain consent for the parent to complete the CRS interview.</p>	TBD
<p>Complete the QC Form Process Read the screen text exactly.</p>	TBD
<p>Complete the Incentive Process Follow the steps on the screen in order (hand cash, mark box, sign and date receipt, give R top copy). Read the text on the screen verbatim. Provide a Q&A Brochure to the R, or the parent/guardian of a youth, reading the screen text. (This is not required if you provided a brochure earlier, such as when explaining the study.)</p>	TBD
<p>Understand your professionalism and dedication make a difference!</p>	TBD

2017 National Mental Health Study

Summary of the Questionnaire

To help you learn more about the **National Mental Health Study** and the types of questions the interviewer will ask, please read the following summary of the questionnaire.

Keep in mind that not all participants will see every question—the questions depend on each person's experiences. Furthermore, participants can always refuse to answer any questions during the interview.

Demographics

In this section an interviewer will ask questions about date of birth, race, marital status, educational background, health status, and military service history.

Sample Questions:

- ▶ **Are you now married, widowed, divorced, separated, or have you never married?**
- ▶ **What is the highest grade or year of school you have completed?**
- ▶ **Did you speak a language other than English at home when you were growing up?**

Computer Practice Session

In this section, the interviewer will show the participant how to use the laptop computer and let ~~s~~ him/her practice using a short practice session.

Physical and Mental Health

Participants will complete this section privately, on their own, using one of the study's laptop computers. The computer will ask all participants about physical health, mental health, mental health treatment, and prescription medication use.

Sample Questions:

- ▶ In general, would you say your health is excellent, very good, good, fair, or poor?
- ▶ In the **past 12 months**, how many times have you been **hospitalized overnight** for a **physical health problem**?
- ▶ Have you ever had a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?
- ▶ Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?
- ▶ How often in the **past 30 days** did you feel sad or depressed?

Other Background Information

Part I. Participants will answer the first set of background questions on their own, using one of the study's laptop computers.

The computer may only ask about a few topics, depending on whether they are relevant to a participant. Topics may include: encounters with the police or the court system; homelessness; head injuries; stressful experiences; family medical history; tobacco, alcohol, and drugs— use and treatment; relationships and social networks; childhood experiences; and employment.

Sample Questions:

- ▶ **Have you ever had a time in your life when you considered yourself homeless?**
- ▶ **Think of the time in your life when you used the most alcohol. During that time, how often did you drink?**
- ▶ **How many biological children have you had?**
- ▶ **Were you raised mostly in a large city, suburbs of a large city, a small city, a town or village, or in a rural area?**
- ▶ **Did you work for pay at any time in the last year?**

Part II. An interviewer will read the second set of background questions aloud and enter the participant's answers into the computer.

The interviewer will ask about the number of people who live in the participant's household and a few basic details about each. Then, where appropriate, the interviewer will ask whether a second, more knowledgeable household member should answer the rest of the questions. The interviewer will then ask questions on the remaining topics: income and health insurance. For youth, an interviewer will also ask questions about prescription medication use during this section, since these may be difficult for youths to answer directly to the computer, as adults do while in the Physical and Mental Health section.

Sample Questions:

- ▶ **Before taxes and other deductions, was the total combined family income last year more or less than 20,000 dollars?**
- ▶ **Are you covered by any kind of health insurance or some other kind of health care plan?**

The interviewer is available to answer any additional questions you may have about the National Mental Health Study questionnaire.

Thank you for your cooperation and help!

Sampling Process Explanation

Sample: *A representative part of a population that is studied to gain information about the whole population.*

NMHS target population: *Civilian, non-institutional population aged 13 years or older residing within all states of the United States, except for Alaska and Hawaii, and the District of Columbia.*

THE PROCESS:

RTI statisticians draw a smaller sample of the target population designed to represent the population as a whole using probability sampling. Steps 1-3 were conducted by the 2016 NSDUH survey, while Steps 4-6 are conducted by NMHS using retired segments from the 2016 NSDUH survey.

Step 1:

Break each state into geographic areas, called **State Sampling Regions (SSRs)** using population estimates and housing unit counts from the Census Bureau.

- Number of SSRs is dependent on the population of the state.
- Each SSR within a state is expected to yield the same number of interviews. This means the more densely populated the area, the smaller the region.

Step 2:

Break each SSR up into **segments**.

- Scientifically selected to ensure the sample accurately represents the United States' population.
- Each area is assigned a "probability," or "chance," of being selected based on the Census population count.

Step 3:

Dwelling units (DUs) within the segments are counted and listed, and recorded on the List of DUs or Group Quarters Listing Form.

Step 4:

All Retired Segments from the 2016 NSDUH survey from a randomly selected sample of 60 SSRs will be used for household selection in the next step.

- Each selected SSR will have 2 retired segments, for a total of 120 retired segments to be used for NMHS sampling.

Step 5:

From the listed DUs in the retired NSDUH segments, specific housing units (HUs) and group quarters units (GQUs) are randomly selected.

- Selected units are called sample dwelling units (**SDUs**) which you contact for screening and possible interviewing. Approximately 3,600 SDUs are randomly selected, where 30 households are selected within each of the 120 segments.

Step 6:

Either 0, 1, or 2 persons (**respondents**) are selected for the interview using the roster information entered into the tablet during screening. Approximately 1,200 respondents are expected to complete the interview for the Field Test.

- Eligibility for interview is based only on the AGE of the SDU members
- All screening data are used by RTI statisticians

Analysis:

"Sample Weighting" is used to determine how many people in the population each respondent represents.

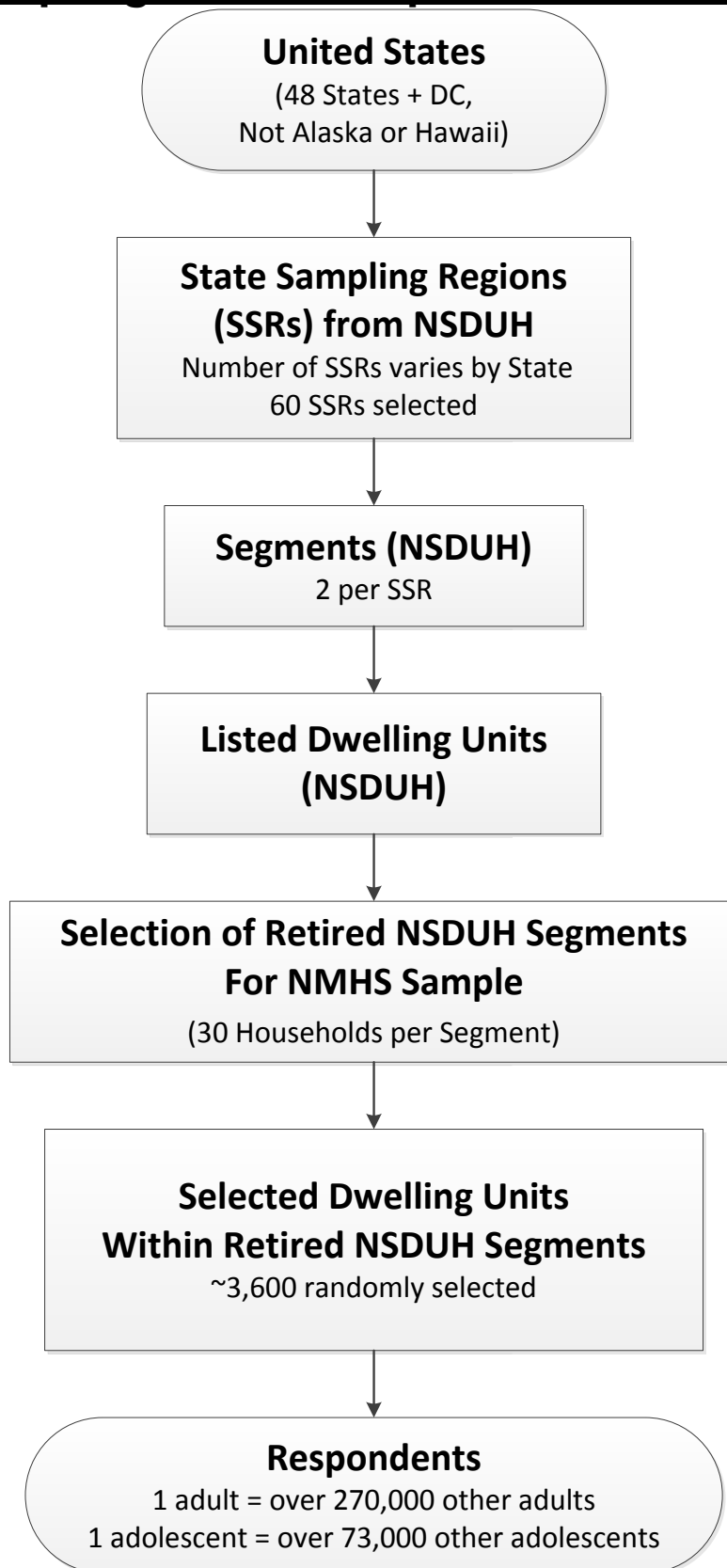
- 1 adult - represents over 270,000 other adults
- 1 adolescent - represents over 73,000 other adolescents

FIELD INTERVIEWER'S ROLE

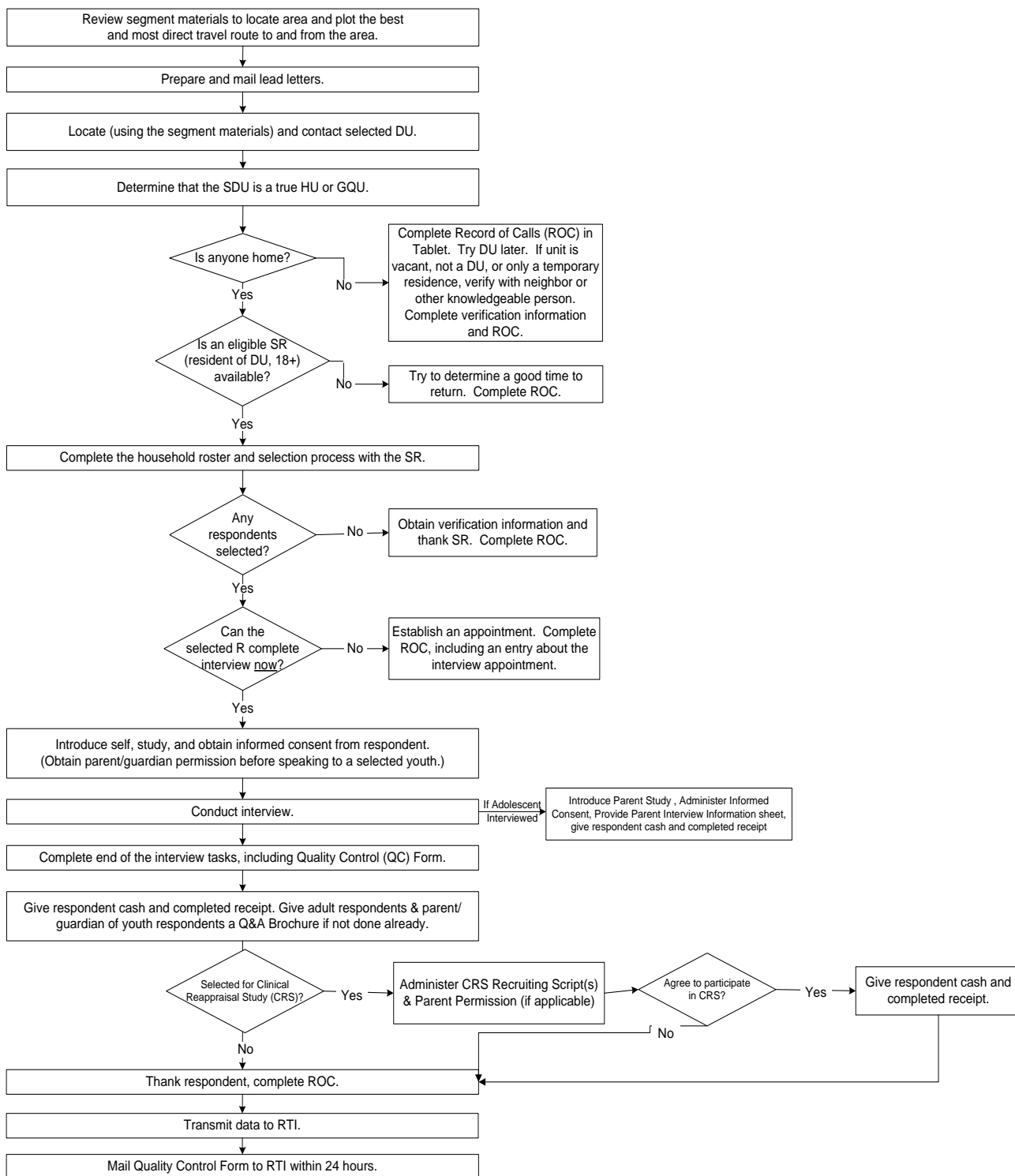
Maintain the integrity of the sample by:

- Using segment materials properly
- Following project procedures, including editing address and missed DU protocols
- Investigating discrepancies between the materials and what you actually see in the field
- Paying close attention to details

Sampling Process Explanation *(continued)*



Overview of the Screening and Interview Process



Overview of the Screening and Interview Process (continued)

When you work in the field, you will encounter a variety of situations:

Can't screen (i.e. no one home, vacant units, SR not available, etc.)

- touch Case ID on the Select Case Screen, touch Screen DU
- approach unit and discover you can't screen
- obtain verification information for codes 10, 13 and 18
- complete ROC to document situation

Screen only (codes 22, 25, 26, 30)

- touch Case ID on the Select Case Screen, touch Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- if screening incentive case, provide screening incentive and receipt
- obtain verification information
- complete ROC

Screen, then interview (31, 32 and then 70)

- touch Case ID on the Select Case Screen, touch Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- if screening incentive case and the SR is not selected for an interview provide screening incentive and receipt
- obtain participation/informed consent of selected respondent(s) (and permission of parent/guardian if minor)
- prepare laptop and enter QuestID from tablet
- conduct interview(s) with available selected respondent(s)
- *IF ADOLESCENT SELECTED AS A RESPONDENT:* When adolescent begins ACASI section of interview inform parent of Parent Interview, gain parent's cooperation to participate, administer informed consent, provide parent with Parent Interview Information Card, pre-incentive and receipt. Encourage parent to participate while you are in the household.
- perform end of interview steps by carefully following the instructions on the screen for completing the electronic Quality Control and incentive procedures (including screening incentive if interview respondent was also SR), providing a Q&A Brochure to each adult respondent and the parent/guardian of each youth respondent, if not done earlier
- if a respondent is selected to participate in the CRS interview the CRS recruiting script will appear on laptop. Gain the respondent's cooperation to participate, administer informed consent/assent, obtain contact information, and provide pre-incentive and receipt. If parent also selected for CRS follow the same steps above.
- complete ROC(s) in tablet for screening and completed interview(s)

Screen, make appointment for interview (codes 31, 32 and then 50)

- touch Case ID on the Select Case Screen, touch Screen DU
- approach unit and obtain participation of eligible SR
- complete screening
- if screening incentive case provide screening incentive and receipt
- complete ROC for screening
- complete ROC to document appointment for each selected respondent
- prepare appointment card and give to each respondent

Interview only at appointment time or other follow-up contact

- touch Case ID on the Select Case Screen, review selections and roster
- obtain participation/informed consent of selected respondent(s) (and permission of parent/guardian if minor)
- prepare laptop and enter QuestID from tablet
- conduct interview(s) with selected respondent(s)
- *IF ADOLESCENT SELECTED AS A RESPONDENT:* When adolescent begins ACASI section of interview inform parent of Parent Interview, gain parent's cooperation to participate, administer informed consent, provide parent with Parent Interview Information Card, pre-incentive and receipt. Encourage parent to participate while you are in the household.
- perform end of interview steps by carefully following the instructions on the screen for completing the electronic Quality Control Form and incentive procedures (including screening incentive if interview respondent was also SR), providing a Q&A Brochure to each adult respondent and the parent/guardian of each youth respondent, if not done earlier
- if a respondent is selected to participate in the CRS interview CRS recruiting scripts will appear on laptop. Gain the respondent's cooperation to participate, administer informed consent/assent, obtain contact information, and provide pre-incentive and receipt. If parent also selected for CRS follow the same steps above.
- complete ROC(s) in tablet

Guidelines for Speaking with Neighbors

When speaking with neighbors, it's important only to ask for and obtain certain information. Always be very general and concise, and do not offer more information than is necessary.

If the neighbor is suspicious and won't provide any information unless you tell them why you are interested in a particular address, simply state the household has been selected to participate in a national study. Do not name or describe the survey.

You CAN speak to a neighbor to:

1. Verify whether someone actually lives at the selected DU(s)
2. Find out a good time to find the residents at home
3. Obtain verification data if the SDU is vacant

When speaking with neighbors, you CANNOT:

1. Explain that the household has been selected to participate in the NMHS
2. Obtain screening information for the selected DU(s)

Suggested wording to use when speaking with neighbors:

"Hello, my name is [INSERT NAME] with RTI International. I am working on a nationwide study sponsored by the U.S. Department of Health and Human Services and need to speak with your neighbor. Do you know when would be a good time to find them at home?"

OR

"Hello, my name is [INSERT NAME] with RTI International. Your neighbor has been selected to participate in a national study and I'm having trouble catching them at home. Do you know when a good time would be for me to find them at home?"

Suggested wording for vacancy verification:

"Hello, my name is [INSERT NAME] with RTI International. Your neighbor has been selected to participate in a national study, but it looks like the house may be vacant. Can you tell me if someone lives there?"

Informed Consent Reference Guide

This reference guide is not a replacement for information contained in your FI Manual, but is a listing of crucial protocols that must be followed when obtaining informed consent. Refer to pages TBD through TBD in your FI Manual for more information on informed consent procedures.

ADOLESCENT INFORMED CONSENT PROCEDURES:

Parental Permission:

- Before talking with the selected adolescent, ask the parent/guardian for permission to speak with the adolescent using the Parental Introductory script on the tablet.
- After the parent agrees, speak with the selected adolescent. Introduce yourself and the study, providing materials as necessary, and inform the adolescent they have been selected for the interview.
- Once the adolescent agrees to do the interview, read the top box of the Intro to CAI 13-17 to parent/ guardian and obtain their permission to interview the adolescent. Permission **MUST** be given **IN PERSON**
- After parental permission has been given, confirm the parent/guardian or another adult will be present for the duration of the interview (not in interview room)
- If you obtain permission from one parent/guardian who is not home when you return to do the interview, you may only proceed if the other parent/guardian is available, grants permission for the interview, and confirms he/she or another adult will be present for the duration of the interview
- If the parent/guardian cannot communicate well enough in English to understand the Intro to CAI:
 - If parent speaks Spanish, have the parent read the Spanish translation of the Intro to CAI themselves (if you are not a RTI-Certified bilingual FI who could read it to them)
 - If parent cannot read, the adolescent or another translator may read script to the parent, along with reading the Spanish Study Description
 - If language is other than Spanish, the adolescent or another translator may use the script and Study Description and translate the information for the parent
 - Use the adolescent or translator to confirm the parent/guardian or another adult will be present for the duration of the interview and answer any questions the parent may have
- Exception: If the adolescent is 17 years old and living independently without a parent or guardian residing in the home (such as a college student), proceed with adult Informed Consent procedures.

After Obtaining Parental Permission:

- Read the main box of the Intro to CAI 13-17 to the adolescent. When instructed, give the adolescent a Study Description to read and keep.

ADULT INFORMED CONSENT PROCEDURES:

- Read the Intro to CAI 18+ to R. When instructed, give the R a Study Description to read and keep (unless the R was the SR and still has a copy available; in all other situations, provide a copy to the R).
 - If R cannot read the Study Description themselves, you must read it to them

The Interview Process

Informed Consent Procedures

- READ THE INFORMED CONSENT FOUND AT THE FRONT OF THIS BOOKLET TO RESPONDENT
- If the respondent is 13 - 17 years old, obtain parental permission first

Choose the Best Interview Location

- Consider the following issues:
 - Privacy and ethics
 - Comfort and safety
 - Battery power and/or the availability of an electrical outlet
- Be flexible in choosing a location, but never compromise NMHS protocols

Setting up the Computer

- Unpack the computer and plug it in using the extension cord if needed
- Place clean headphone covers on the ear pieces of the headphones and plug the headphones into the computer
- Press the Power button and WAIT for the computer to boot up
- While waiting, make sure you have the QuestID displayed on the tablet, your Showcard Booklet, a Quality Control Form and envelope, a Q&A Brochure (if not given earlier), \$30 interview incentive, \$40 CRS pre-incentive in case R is selected for the CRS, and an Interview Incentive Receipt
- Enter the password, then enter the QuestID from the tablet to begin the interview

Conducting the Interview

- Obtain informed consent (if not done earlier)
- If respondent is under the age of 13 or is active in the military, the computer will automatically complete this case (If this occurs, remember to enter a Code 79 in the tablet and explain the situation)
- Use the Showcards as instructed
- During the ACASI, be available to assist the respondent without being intrusive
 - *IF ADOLESCENT SELECTED AS A RESPONDENT:* Inform parent of Parent Interview, gain parent's cooperation to participate, administer informed consent, provide parent with Parent Interview Information Card, pre-incentive and receipt. Encourage parent to participate while you are in the household.
 - Prepare the Quality Control Form:
 - Record the **date** and approximate interview completion **time**
 - Print your **name** and **FI ID #** legibly
 - Record the **Case ID**, including the **A** or **B**
 - Indicate which **parent** (or guardian) gave permission if respondent is a minor
 - Prepare the Interview Incentive Receipt:
 - Record the **Case ID**, including the **A** or **B**
 - Do not sign, date or check the box for cash acceptance until prompted by the computer
- Other possible tasks include: review your ROCs and plan work for the day, re-read portions of the FI Computer Manual or FI Manual (access from the FI Assistant feature or remove a

The Interview Process *(continued)*

chapter or two at a time from the binder), re-read the Job Aids section in the Showcard Booklet, and review materials for information to use when obtaining cooperation

- Enter the QC ID and the Case ID when prompted and follow Quality Control Form procedures
 - For a youth, the Quality Control Form should be completed by a parent or guardian (If no parent is available, it is acceptable for the youth to complete the form)
 - The R/parent should place the Quality Control Form into the envelope and seal it (If R/parent refuses to complete the Quality Control Form, ask him/her to write “REFUSED” across the top)
- Give R the \$30 cash, sign, date and mark the appropriate cash acceptance box on the Interview Incentive Receipt and give the respondent the top copy
- Give adult interview respondents and parent/guardian of youth respondents a Q&A Brochure (if not done earlier)
- If one of the respondents is selected to participate in the CRS interview CRS recruiting scripts will appear on laptop. Gain the respondent’s cooperation to participate, administer informed consent/assent, obtain contact information, and provide pre-incentive and receipt. If parent also selected for CRS follow the same steps above.

When Finished with the Interview

- Turn off your laptop
- Pack up your equipment:
 - Unplug the power cord from the computer first, unplug from the wall, then wrap them up and place in carrying case
 - Close the screen, place the laptop in the case and zip closed
 - Remember your tablet, Showcard Booklet, and other papers
- **THANK YOUR RESPONDENT!**
- Enter a Code 70 in your tablet.
- Answer the FI debriefing questions
- Mail Quality Control Form to RTI within 24 hours of completion of the interview
- Mail Interview Incentive Receipt (FS copy) to your FS each week

Possible Respondent Difficulties

- Is the respondent physically, mentally, and emotionally capable of participating?
 - Slow the pace of the questions to see if comprehension improves
 - Allow adequate time to answer
 - If the eligible participant does not seem to understand what he/she is being asked to consent/assent to, politely discontinue the consent/assent process and speak with your FS
 - If respondent does not seem to understand, politely discontinue the interview and speak with your FS
- Is the respondent intoxicated or under the influence of other drugs?
 - Attempt to schedule another time to return
- Is the respondent blind or paralyzed?

- Take the time to figure out if respondent can complete interview—each interview is precious!
- Only in these situations are you allowed to enter the responses during the ACASI portion for the respondent (Make note of this in the FI debriefing questions)
- Does the respondent exhibit behaviors that suggest he or she may have difficulty reading?
 - Remember that the respondent can listen to all the questions through the headphones and answer most questions with a number

Instructions for Using the Certificate of Participation

At the end of the interview, you can give a Certificate of Participation that authenticates the respondent's participation in NMHS. Youth and other interested respondents may use the completed certificate to verify with teachers or group leaders that they participated in NMH, and may then receive credit for participating in the study. Possibilities include:

- extra credit for school
- incorporating the NMHS experience into a school project
- credit towards community service hours.

It is the respondents' responsibility to arrange to receive any possible credit. Respondents and parents must understand that:

- they are responsible for making arrangements for any credit
- their school or group may or may not give credit; credit is not guaranteed
- no advance arrangements have been made with any schools or community groups.

The certificate is worded to allow for use with respondents other than middle or high school students, such as a young adult required to perform community service or for classes beyond high school. However, the certificate should be used primarily with youth respondents. Adult respondents should not receive a certificate unless they ask for acknowledgement that he/she completed the study or seem very interested in receiving one.

Upon completion of the interview, prepare the certificate by:

- filling in the date the interview was completed
- and your FI name and ID number.

To preserve confidentiality, the respondent adds his or her name at a later time.

Also provide a Question and Answer Brochure along with the certificate, as it contains additional details and includes contact information where interested persons can obtain additional information.

ROC Comments

ROC comments should be appropriate, non-judgmental, and:

- **Informative** – Record appointment times, best times to return, who you talked to, or if no adult was home, record which cars were in the driveway.
- **Helpful** – Note relevant information for you to use in preparing to return or when discussing the case with your supervisor. If a case gets transferred to another FI, the notes are very important to the new FI to understand what has happened.
- **Concise** – Explain your comments directly, leaving out unnecessary words or information. Your comments must be easily understood by you, your FS, other FIs, and project managers.

Examples of good ROCs:

- CB after 7:00 pm
- 2:30 Sat appt
- W M 15ish said parents home after 8:00
- HISP F 60s send SPAN letter

PROJECT ABBREVIATIONS

R	respondent (for the interview)
SR	screening respondent
FI	field interviewer
Q&A	Q&A Brochure
DU	dwelling unit

STANDARD ABBREVIATIONS

days of the week	(with 3 letters)
F	female
M	male
B	black
W	white
HISP	Hispanic
SPAN	Spanish
INFO	information
REF	refused

SUGGESTED HELPFUL ABBREVIATIONS

CB	call back (or come back)
APPT	appointment
AM	morning
AFTRN	afternoon
PM	evening
NGHBR	neighbor
GTKPR	gatekeeper
WKND	weekend

Refusal Reasons

Use these descriptions to help you classify refusals.

1. Too busy/no time/did too many already

The number one reason for refusals is lack of time.

2. Surveys/ Government invasive / teen exposure

These people feel that the government invades their privacy too much with surveys. There may be philosophical, political, or religious reasons for not participating in surveys. Parents may be concerned about exposing their teen to the sensitive subject matter in the survey.

3. Clarify confidentiality, legitimacy, selection

Be sure to listen carefully to what respondents are telling you—questions about the legitimacy of the survey or how the survey guarantees confidentiality can often be explained by you on the doorstep, if you understand their concern.

4. “Nothing in it for me”/ Uncooperative

Sometimes people will either not give a reason for their refusal or they'll tell you that there's no reason for them to participate.

5. Gatekeeper / Parent / HH member disallow

Sometimes you encounter a refusal situation controlled by another person besides the person selected for the interview. A spouse, parent, guardian, or another influential person in the household may refuse for the selected individual, or deny you the ability to talk directly to the selected person. Even if you are able to talk with the selected person, he or she may refuse because of the other person's opinions.

6. Welfare / INS / ICE / USCIS concern

Persons involved with various government programs may fear that you are a welfare worker or an immigration officer checking on their status.

7. Too ill / house messy / not dressed

These refusals are situational and will not generate a refusal letter. They refused because you caught them at an awkward time.

8. Need to discuss with FS

In some cases, a respondent's refusal won't fit any of the above categories, but you are able to gather a sense of what is preventing them from participating. With this option write a very specific note in the refusal comment section to alert your FS. Then you can talk with him/her about how best to handle the refusal.

Result Codes

Pending Screening Codes		Requires FS Approval	Verification Info Required	Tablet Auto Codes
01	No One at DU			
02	Screening Respondent (SR) Unavailable			
03	Neighbor Indicates Occupancy			
04	Pending Incapable			
05	Pending Language Barrier (Spanish)			
06	Pending Language Barrier (Other)			
07	Pending Refusal			
08	Unable to Locate SDU			
09	Pending Other - Specify			






Final Screening Codes		Requires FS Approval	Verification Info Required	Tablet Auto Codes
Ineligible SDUs				
10	Vacant		✓	
13	Not Primary Residence		✓	
18	Not a Dwelling Unit		✓	
19	GQU Listed as HU			
20	HU Listed as GQU			
22	All Military		✓	✓
25	No Eligible SDU Members		✓	✓
26	Respondent (R) in DU Less than ½ Quarter		✓	✓
29	Listing Error	✓		
Screening Not Obtained				
11	No One at DU - Repeated	✓		
12	Screening Respondent (SR) Unavailable - Repeated	✓		
14	Final Incapable	✓		
15	Final Language Barrier (Spanish)	✓		
16	Final Language Barrier (Other)	✓		
17	Final Refusal	✓		
21	Denied Access	✓		
23	Final Other - Specify	✓		
Screening Completed				
30	No One Selected for Interview		✓	✓
31	One Selected for Interview			✓
32	Two Selected for Interview			✓

Result Codes (continued)

Pending Interview Codes		Requires FS Approval	Verification Info Required	Tablet Auto Codes
50	Appointment for Interview			
51	No One at DU			
52	Respondent (R) Unavailable			
53	Pending Break-off (Partial Interview)			
54	Pending Incapable			
55	Pending Language Barrier (Spanish)			
56	Pending Language Barrier (Other)			
57	Pending Refusal			
58	Pending Parental Refusal for age 12-17			
59	Pending Other - Specify			

Final Interview Codes		Requires FS Approval	Verification Info Required	Tablet Auto Codes
70	Interview Complete		✓	
71	No One at DU - Repeated	✓		
72	Respondent (R) Unavailable - Repeated	✓		
73	Final Break-off (Partial Interview)	✓		
74	Final Incapable	✓		
75	Final Language Barrier (Spanish)	✓		
76	Final Language Barrier (Other)	✓		
77	Final Refusal	✓		
78	Final Parental Refusal for age 12-17	✓		
79	Final Other - Specify	✓		

Counting and Listing Abbreviations

<u>COLORS</u>	<u>ADDRESSES</u>	<u>OTHER/GENERAL</u>
BG Beige BK Black BL Blue BR Brown DK Dark GR Grey GN Green LT Light MED Medium OR Orange PK Pink RD Red TN Tan WH White YL Yellow	ADD Address ALY Alley APT Apartment AVE Avenue BLK Block BLVD Boulevard BLDG Building CIR Circle CT Court DRWR Drawer DR Drive HWY Highway JCT Junction LN Lane PKWY Parkway PL Place PT Point PO Post Office (Box) RD Road RTE Route ST Street TER Terrace	ATT Attached BSMT Basement BUS Business CPT Carport CG Cattleguard CHNLNK Chainlink CHMY Chimney CHUR Church COL Column COR Corner CO County DB Doorbell DRMR Dormer DBL Double DRWY Driveway ELCMTR Electric Motor ENT Entrance EXT Exit EXTR Exterior FEN Fence FLR Floor FDN Foundation FRM Frame FR From GAR Garage GRD Guard GRV Gravel GRND Ground HSE House LG Large MBX Mailbox MID Middle MI Mile PKT Picket PCH Porch PVT Private RR Railroad RSTR Restaurant RM Room SCRN Screen/Screened SHK Shake SHUT Shutters SD Side Door STR Store STY Story TR Trim UC Under Construction VAC Vacant VER Veranda VEST Vestibule WIN Window WD Wood
<u>DIRECTION/ORIENTATION</u>	<u>STRUCTURE/MATERIALS</u>	
ABV Above ACR Across ADJ Adjacent AFT After BCK Back BEF Before BEH Behind BTWN Between BTM Bottom E East FRT Front L Left N North NE Northeast NW Northwest RE Rear R Right S South SE Southeast SW Southwest W West	ALUM Aluminum BRK Brick BRNSTN Brownstone CDR Cedar CBLK Cement Block CEM Cement LOG Log RCK Rock SDG Siding STN Stone STU Stucco VNY Vinyl	
<u>ARCHITECTURE/BUILDING STYLE</u>	<u>TYPES OF ROOFS</u>	
APT Apartment CPCD Cape Cod CLNL Colonial CONDO Condominium CNTP Contemporary DBLWID Doublewide DPX Duplex RCH Ranch RF Roof SPL Split Level TRAD Traditional TRLR Trailer TRANS Transitional	FLT Flat  GBL Gable  GMBR Gambrel  HIP Hip  MNSD Mansard  SHGL Shingle SPNTL Spanish Tile TIN Tin	

Editing Address Protocol

When to Edit an Address

Editing SDU addresses should not be a common task. An address should only be edited if the physical address is missing or incorrect, such as when only a description of the SDU is provided.

Before editing an address, first confirm you are at the correct selected dwelling unit. To do this, use a combination of project resources, including the handwritten List of DUs, block listing maps, and the address or description in your tablet. If you are confident you are at the correct DU but the address is incorrect, you should consult the *Editing Address Protocol* chart. It will guide you on the steps to follow.

When you edit an address, there are two additional steps you must take to complete the process. First, you must enter a note in the Record of Calls explaining the reason for the edit. Second, you should notify your FS of the edit. Your FS must update their copy of the segment materials with the edit, and in many cases notify RTI's Sampling Department to update the project sampling frame.

Never make edits to an address which creates a duplicate of an address already listed on the original List of DUs. Enter a note in the Record of Calls describing the situation and address discrepancy, and then obtain permission from your FS and Sampling before making the edit. Carefully checking the original List of DUs before making an edit will ensure no duplication occurs.

After reviewing the *Editing Address Protocol* chart, if you are unsure whether an address should be edited or the appropriate procedures to follow, enter detailed notes about the situation in the ROCs and contact your FS promptly for assistance.

When NOT to Edit an Address

In order to maintain the integrity of the sample, there are specific situations when you should not edit an address. These situations are listed as "Improper" in the third column of the *Editing Address Protocol* chart.

For example, addresses must never be edited due to screening on the incorrect line or at the wrong dwelling unit. Always double-check the address at the top of the tablet screen and consult your segment materials to prevent this type of error.

Also, do not change an address or description to a Post Office Box, but instead enter any PO Box information in the Record of Calls.

Lastly, do not edit addresses to change abbreviations to full spellings, such as "Dr." to "Drive," or from full spellings to abbreviations, such as "Boulevard" to "Blvd."

Reminder:

Always refer to the chart:

- when deciding whether or not to edit an address, and
- to be certain all appropriate procedures have been completed when editing an address.

EDITING ADDRESS PROTOCOL

REMINDER: Always review your segment maps, original list of dwelling units, and tablet information before editing SDU addresses.

Scenario	Description of Situation	Proper or Improper to Edit	Appropriate FI Action
A	Description edited to a street address	Proper	Check handwritten list of DUs, if address is not on list, delete description; enter street address in tablet; proceed with screening; enter notes in ROCs; notify FS
B	Street name spelling corrected or drive/avenue/street/etc. corrected	Proper	Edit address in tablet; proceed with screening; enter notes in ROCs; notify FS
C	Correction of one SDU address due to 911/U.S. Postal Service/ local government address revisions	Proper	Edit address in tablet; proceed with screening; enter notes in ROCs; notify FS
D	Correction of listing error for one SDU (includes edits to street/apt. number)	Proper	Check handwritten list of DUs, if address is not on list, edit address in tablet; proceed with screening; enter notes in ROCs; notify FS
E	Adding apt. numbers to differentiate between added units in a SDU or on SDU property	Proper	Check handwritten list of DUs, if address is not on list, edit address in tablet; proceed with screening; enter notes in ROCs; notify FS
F	City, state, or zip code corrected	Proper	Edit address in tablet; proceed with screening; enter notes in ROCs; notify FS
G	Within controlled access buildings/complexes, edits to addresses for multiple units originally gained through "blind" listing or listing by buzzer/mailbox	Proper (with prior approval from FS)	Notify FS; if approved by FS, edit address in tablet; proceed with screening; enter notes in ROCs
H	Complete street name change	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in tablet; proceed with screening; enter notes in ROCs
I	Removing the apt. number from SDU address	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in tablet; proceed with screening; enter notes in ROCs
J	Correction of address for multiple units due to 911/U.S. Postal Service/local government address revisions	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in tablet; proceed with screening; enter notes in ROCs
K	Correction of listing error for multiple units (includes edits to street and/or apt. number) *See Scenario G for additional information	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in tablet; proceed with screening; enter notes in ROCs
L	Adding apt. numbers to single dwelling units *See Scenario E for additional information	Proper (with prior approval from FS and Sampling)	Notify FS; if approved by FS and Sampling, edit address in tablet; proceed with screening; enter notes in ROCs
M	Description or street address edited to a Post Office Box address	Improper	Place Post Office Box address in ROCs
N	Edit due to screening on the wrong line or at the wrong dwelling unit	Improper	Request status code change or reopen code from FS; complete screening on correct line
O	Edit due to merged or condemned unit, or unit does not exist	Improper	Notify FS; code case as instructed by FS and Sampling

Missed DUs

You are not required to check the entire segment for missed DUs. Instead, you will ask the screening respondent (SR) about possible missed DUs as part of the screening process at every SDU. (However do not ignore significant changes, such as a new development or new apartment building—call your FS.) For more information on missed DUs, refer to Chapter 3 in your FI Manual.

At a selected housing unit:

- For regular housing units (houses, townhouses, trailers, cottages, duplexes), during the screening you ask the SR if there are any other units within the structure or on the property, such as a separate apartment with a separate entrance. If so, enter the address of the other unit(s) and proceed with screening.
- For housing units in apartment and condo buildings, do not ask the Missed DU question. However, if the SR reports a missed DU (such as the rare 'unit within a unit') confirm with the SR and add the unit from the Select Case Screen by touching the Case ID for the DU the missed unit should be linked to, then touch "Add Missed DU" from the Actions menu.

For group quarters structures listed by persons or beds:

- Compare the original list with the current situation. If there are more units now, call your FS who will contact RTI's Sampling Department about which missed GQUs to add.

Reconciling Missed DUs

Recording the addresses of missed DUs in the tablet does not automatically add them to your assignment. When ready to reconcile these missed DUs to see if they should be added, be sure you have the handwritten List of DUs and block listing maps available. If you have questions, contact your FS before reconciling the missed DUs.

You can Reconcile at two different spots:

- At the end of screening if you have entered a missed DU address (es). If you don't have time or your segment materials, simply touch "No" and reconcile later.
- By touching "Functions/Administrative Tools/Reconcile Missed DUs."

To Reconcile Missed DUs:

1. Follow the instructions on the tablet carefully, referring to the segment materials as you reconcile the unit.
2. Determine if the missed unit is already on the handwritten List of DUs. If the missed unit is not on the list, it will be added to your assignment.
3. Complete the List of Added Dwelling Units to document the unit and mark the location of the missed DU on the correct Block Listing Map.

For the following situations, contact your FS who will check with RTI's Sampling Department:

- more than 5 missed DUs are found at a specific SDU
- more than 10 missed DUs are found in a segment
- a missed HU (other than a 'unit within a unit') is discovered in an apartment or condo building
- a missed GQU is discovered within a group quarters structure
- a missed group quarters structure is discovered
- a significant listing problem is discovered.

Note: The tablet stores space for 5 added DUs per segment. If more are required, contact your FS to have 5 more lines transferred to your tablet.

Procedures After an Automobile Accident

Immediately After an Accident...

- Check for injuries. Life and health are more important than damage to vehicles.
- Secure your computer equipment.
- Make note of specific damages to all vehicles involved.
- Write down the names, addresses and license numbers of persons involved in the accident. Also, write a description of the other vehicles.
- Call the police, even if the accident is minor.
- Jot down names and addresses of anyone who may have witnessed the accident. This can prevent disagreement concerning how the accident actually happened.

DOs and DON'Ts

- **DO** jot down details about the accident and circumstances such as weather conditions and visibility.
- **DO** notify your FS, Headway, and your insurance agent about the accident immediately. If you are working as a traveling interviewer in a rental car, notify the car rental agency as well.
- **DO NOT** sign any document unless it is for the police or your insurance agent.

Refer to your Headway materials for additional information on Headway Accident and Injury Reporting procedures.

Headway can be reached at (800) 948-9379.

If you are reporting an accident after normal business hours (Eastern Time) or during the weekend and need immediate assistance, please call (919) 376-1392.

EQUIPMENT MAINTENANCE CHECKLIST

Before Leaving Home to Screen/Interview:

- ___ Ensure tablet is in the case and fully charged
- ___ Ensure you have all accessories needed [car charger and USB cable]
- ___ Check tablet date & time, and correct if necessary

While Screening/Interviewing:

- ___ Put tablet in sleep mode between screenings
- ___ Be careful not to drop tablet
- ___ Be extremely careful to select the correct case when screening
- ___ Keep an eye on the battery level and charge as needed
- ___ Before leaving the field, exit the screening program to the Home Screen*

Upon Returning Home from Screening/Interviewing:

- ___ Exit to the Home Screen if not done earlier*
- ___ Transmit from the tablet (and laptop if you conducted any interviews)
- ___ Plug in the tablet and laptop to charge when not in use, ensuring you have a good connection

When Transmitting/Charging:

- ___ Follow steps in the FI Computer Manual for transmission
- ___ If problems occur, refer to FI Computer Manual

Never remove the battery from the tablet unless instructed to do so while on the phone with Technical Support. Data loss can occur!

* Exiting the screening program saves all data—if the battery runs down before you have exited the screening program, you will lose data

Quick Reference Guide

In the CAI Manager, if you want to: **CLICK**

Start an interview	Start CAI
Cancel the start of an interview.....	Cancel
Resume (re-start) an interview	Start CAI
Transmit data to RTI	Transmit to RTI, Yes
List the cases by Descending Order (based on date)	Descending
List the cases in Ascending Order (based on date)	Ascending
Hide previous quarters' interviews	Hide
Exit CAI Manager	Exit

To begin a CAI Interview:

Enter QuestID from tablet for selected sample member. Double check!

In the Interview, if you need to:

Break off an interview.....	[Alt] [f], [x]
Enter Don't Know	[F3]
Enter Refused	[F4]
Return to the first screen.....	[F5]
Return to the first unanswered question	[F6]
Enter a comment.....	[F8]
Save a comment.....	[Alt] [s]
Back up one screen	[F9]
Replay audio	[F10]
Edit a lengthy text field.....	[Ins]
Return the focus to the CAI window	[Alt] [Tab]

After accessing the FI Manual from the CAI Manager, if you want to:

Adjust the view/size of page: Click the down arrow to right of the magnification % area (located at top of the screen, to the right of page forward/backward buttons). Choose a new display % or size from menu.

Page through chapter/section: Click the page forward/back buttons (arrows at the top of screen) to move forward or backward, OR, use Touchpad to move the scroll bar on the right up and down as needed to advance through pages.

View specific chapter/section: Bookmarks (on the left side of screen) represent various chapters/sections. Advance to a chapter/section by clicking the bookmark for that item.

Search for word(s)/phrase(s): There are two methods:

(1) Press [Shift], [Ctrl] + [F] to display a Search box on the left. Type the word(s) to search for and press Enter. A Results list appears in page order. Click the item to display the page with the search word(s). Click the red "X" when finished reviewing results.

(2) Press [Ctrl] + [f] to display the Search box on the top right. Type the word(s) to search for and press Enter. The manual advances to the first occurrence of search word(s). To advance to next occurrence, click Next in Search box. To go back, click Previous.

Exit: Click the red "X" in the upper right to go back to the CAI Manager.

National Mental Health Study Field Test,
Supporting Statement

Attachment W – Quality Control Letter

NOTICE: Public reporting burden (or time) for this collection of information is estimated to average 4 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 (0930-0110), Center for Behavioral Health Statistics and Quality; 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.

OMB No.: xxx-xxx
OMB Expiration Date:
xx/xx/xx



RESIDENT
[ADDRESS]

[DATE]

RTI International has been conducting a nationwide survey for the U.S. Department of Health and Human Services about mental health and other health-related topics. Our records indicate that a [AGE] year old [GENDER] in your household was interviewed. We would appreciate it if [HE/SHE] would take a moment to complete the following questions about [HIS/HER] experience.

This information is only used to verify the quality of our interviewer's performance.

1. Were you interviewed in-person or over the telephone?

In-person ___ Over the telephone___

2. Did the interviewer provide you with a laptop computer for you to enter some of your responses?

Yes___

No___ Please explain: _____

3. Did you complete a computer practice session that showed you how to enter your responses in the computer?

Yes___ No___

4. Did you have the option of listening to the questions through a set of headphones?

Yes___ No___

5. Did you receive a cash incentive for your participation?

Yes___ No___

If yes, how much were you given? \$_____

6. Was the interviewer professional and courteous?

Yes___

No___ Please describe how our interviewer could improve his/her behavior: _____

A stamped, pre-addressed envelope is enclosed for your convenience in returning this form. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Kowalski'.

Amy Kowalski
National Field Director, RTI

National Mental Health Study Field Test,
Supporting Statement
Attachment AA – Non-Clinician Distressed
Respondent Protocol

Non-Clinician Distressed Respondent Protocol

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 main 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 adolescent respondent 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 4 weeks of completing the in-home interviews. As part of the adolescent clinical reappraisal effort, we will interview parents as well. Trained clinicians will administer the clinical reappraisal interviews for adults, parents and adolescents via telephone.

Due to the nature of the National Mental Health Survey (NMHS) questionnaires, it is possible that a respondent will indicate during the course of his or her interactions with a non-clinical interviewer that he or she is upset by the CAPI or ACASI questions. There are questions within the NMHS main questionnaire that ask the respondent about their history of suicidal (threat of harm to self) ideation and intent. You will not know the respondent's answers to these questions; those responses will be kept private. But, there is a chance that a respondent may choose to self-disclose information while taking the interview that indicates that s/he is at risk of harm to self. It is essential that NMHS project staff members 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 is outlined in the following sections.

Non-Clinician Distressed Respondent Protocol

A respondent's emotional distress may be expressed in different ways on the NMHS. Since a majority of the interview will be conducted via ACASI for adults and adolescents, observing a respondent's reactions to specific questions will be very uncommon. In addition, people do not generally have sudden emotional outbursts. There is usually a progression of verbal and nonverbal cues indicating that a respondent is becoming upset. As you conduct CAPI and monitor the ACASI parts of the NMHS interviews, (1) observe cues (e.g., lengthy silence; crying), and (2) acknowledge the behavior or feelings. For example, if the respondent seems overly agitated (e.g., tapping fingers, fidgeting, or his or her voice becomes soft and frail) you can say something like "Are you all right?" or "Is this becoming difficult for you?" If you observe a respondent struggling to maintain composure, or if he or she begins to cry, acknowledge the distress by saying something like "If you prefer, I can come back to complete the interview another time." or "Would you like to take a short break?" and allow him or her time to regain composure.

As soon as you note one or more of the signs of distress, immediately assess the potential for the distress to elevate and take the appropriate steps to assist the respondent. For adults and adolescents, there are two key levels of respondent distress: **mild and moderate or greater**. For adolescents, there is a third level situation: Reporting present/current suspected child abuse or neglect.

Please note that for the adolescent respondents for the main interview, an adult or parent will be required to be present in the home at the time of the interview and most questions will be administered via ACASI; this will minimize the potential to witness distress. However, if the adolescent respondent exhibits signs of distress, the adult or parent will not be notified. You will follow the appropriate scripts outlined below, acknowledging the distress and offering to take a break to regain focus or composure. If a parent or adolescent respondent requests more information about mental health issues, you may give them a copy of the NIMH Adolescent Treatment Brochure (see separate **Appendix A**).

Non-Clinician Distressed Respondent Protocol (Cont'd)

Non-Clinical Interviewer Distressed Protocol – Level 1 Distress

Level 1 – Mild Distress: Mild symptoms of distress can include a change in voice tone, voice volume, or focus. The interviewer can probe with a question such as, “Is this frustrating?” If the respondent responds in the affirmative, the interviewer should offer the respondent a break. Below are the signs of Level 1 distress and the actions that you should take.

LEVEL OF DISTRESS	SIGNS OR INDICATORS OF POSSIBLE DISTRESS
LEVEL 1 DISTRESS - MILD	<p>Level 1 signs of distress include:</p> <ul style="list-style-type: none"> • Exhibits changes in voice tone, voice volume, or focus • Fidgets or taps finger • Provides non-relevant answers to questions asked • Displays an unwillingness or hesitancy to continue or to answer interview questions
Interviewer Actions	<p>Offer the respondent a short break by saying: <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>Then depending on how the respondent answers you may do the following:</p> <ol style="list-style-type: none"> a. YES – CONTINUE, WITH SENSITIVITY TO RESPONDENT’S LEVEL OF DISTRESS b. YES, AND WOULD LIKE TO STOP INTERVIEW - Suspend and schedule another interview time. c. NO, DON’T WANT TO CONTINUE EVER – Terminate the interview, thank the respondent, and provide the incentive payment and receipt. <p>Immediately after leaving the household record concise notes in your Record of Calls for the case and contact your field supervisor.</p>
Supervisor Actions	<p>Supervisor will review case with field interviewer to ensure that the distress level was indeed mild.</p>

Non-Clinician Distressed Respondent Protocol (Cont'd)

Non-Clinical Interviewer Distressed Protocol – Level 2 Distress

Level 2 – Moderate or Greater Distress: Symptoms of increased distress can include use of inappropriate language and crying. It may also include the respondent choosing to disclose some feelings of current and serious suicidal thoughts with a plan. If the level of distress elevates significantly or the interviewer notes combinations of these symptoms with others, even after a period of not focusing on the immediate question at hand, the interviewer should stop the interview, and offer a resource if needed.

There are 3 situations of moderate or greater distress in which you need to use the Distressed Respondent Protocol (DRS):

1. A distressed or upset (but not suicidal) adult or adolescent respondent
2. An adult respondent who mentions current and serious suicidal thoughts
3. An adolescent respondent who mentions current and serious suicidal thoughts

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

Situation 1: Distressed or Upset Respondent (no suicidal ideation mentioned)	
LEVEL OF DISTRESS	SIGNS OR INDICATORS OF POSSIBLE DISTRESS
LEVEL 2 MODERATE OR GREATER DISTRESS	<p>Some Level 1 signs plus any of the following:</p> <ul style="list-style-type: none"> • Displays signs of distress including long pauses, or sighing • Begins sobbing, weeping, and/or crying • Displays other obvious signs of agitation • Is non-responsive to questions • Uses inappropriate language • Asks to speak with a mental health professional
Interviewer Actions	<p>For MODERATE DISTRESS that involves crying, agitation, or long pauses:</p> <p>You may offer to provide the respondent resource information. If you decide to provide resource information, state:</p> <p><i>“I have a sense that this may be difficult for you. I would like to give you information about a service that may be helpful to you. This confidential service is called the National Lifeline Network. Counselors who are available at any time of the day or night will listen and talk to you about how you are feeling. In case you need National Suicide Prevention Lifeline services in the future the number is 1-800-273-TALK or 1-800-273-8255. Someone is</i></p>

	<p><i>available at this telephone number 24 hours a day, 7 days a week.</i></p> <p><i>“Would you like to continue or would you like me to schedule an interview for a later time?”</i></p> <p>Depending on how they answer you may do the following:</p> <ul style="list-style-type: none"> • YES – CONTINUE, WITH SENSITIVITY TO RESPONDENT’S LEVEL OF DISTRESS • YES, BUT NOT NOW - Suspend and schedule another interview time. • NO, DON’T WANT TO CONTINUE EVER – Terminate the interview, thank the respondent and provide the incentive payment and receipt and reference hotline numbers on incentive receipt. <p>Immediately after leaving the household record concise notes in your Record of Calls for the case and contact your field supervisor.</p> <p>Complete and file a Distressed Respondent Report with your field supervisor informing him or her that a toll-free number referral was given, the respondent’s case ID, interviewer’s ID, date, time, a detailed description of the interaction between the interviewer and the respondent, and if the appropriate protocols were followed.</p>
<p>Supervisor Actions</p>	<p>Supervisor will confirm or change, if necessary, the level of distress based on information from the interviewer and will provide guidance if needed. If the supervisor agrees the distress level was 2 (Moderate Distress), the supervisor will report the incident to the Field Director immediately. The Field Director will report all Level 2 Moderate Distress cases to the Ms. Triplett and Mr. Mierzwa. Ms. Triplett or Mr. Mierzwa will complete an adverse event report for the IRB within 48 hours of the incident.</p>

Situation 2: Adult Respondent (Current and Serious Suicidal Thoughts with a Plan)	
LEVEL OF DISTRESS	SIGNS OR INDICATORS OF POSSIBLE DISTRESS
LEVEL 2 MODERATE OR GREATER DISTRESS	Adult mentions a desire to harm him or herself, or articulates thoughts of suicide and a plan
Interviewer Actions	<p>For MODERATE OR GREATER DISTRESS that involves an adult respondent mentioning current suicidal ideation with a plan:</p> <p>In this situation, do not ask the respondent for details about their feelings, about suicidal ideation, or about their suicide plans. Instead, you should immediately advise the adult respondent to talk to a health care professional or use the National Hotline resource. State:</p> <p>END INTERVIEW AND THEN READ TO R: <i>“You just told me that you have thoughts about your death or dying. Do you have a doctor, counselor, or someone you can talk to about how you are feeling? I strongly suggest that you contact this person 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.</i></p> <p><i>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. Can you write that number down for me?</i></p> <p><i>Would you be willing to either call your health professional or the hotline? Okay.”</i></p> <p>Immediately after leaving the household record concise notes in your Record of Calls for the case and contact your field supervisor. Complete and file a Distressed Respondent Report with your field supervisor informing him or her that a toll-free number referral was given, the respondent’s case ID, interviewer’s ID, date, time, a detailed description of the interaction between the interviewer and the respondent, and if the appropriate protocols were followed.</p>
Supervisor	Supervisor will report the incident to the Field Director immediately.

Actions	The Field Director will report the incident to the Ms. Triplett and Mr. Mierzwa. Ms. Triplett or Mr. Mierzwa will complete an adverse event report for the IRB within 48 hours of the incident.
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Situation 3: Adolescent Respondent (Current and Serious Suicidal Thoughts with a Plan)

LEVEL OF DISTRESS	SIGNS OR INDICATORS OF POSSIBLE DISTRESS
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LEVEL 2 MODERATE OR GREATER DISTRESS	Adolescent mentions a desire to harm him or herself, or articulates thoughts of suicide and a plan
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Interviewer Actions	<p>For MODERATE OR GREATER DISTRESS that involves an adolescent respondent mentioning current suicidal ideation with a plan:</p> <p>In this situation, do not ask the adolescent respondent for details about their feelings, about suicidal ideation, or about their suicide plans. Instead, you should immediately advise the adolescent respondent to talk to a health care professional or use the National Hotline resource. State:</p> <ol style="list-style-type: none"> 1. END INTERVIEW, INTERVIEWER READS: 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? (WAIT ON RESPONDENT) To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? (IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN). 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. 2. INTERVIEWER READS: Now, I would like to share what you told me with one of your parents so they can make sure that you are safe. Would you like to be with us when we talk about it? I will also have to tell my supervisor.”
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	<p>3. The interviewer will find the parent or other responsible adult in the home and inform them. INTERVIEWER SAYS: “During the interview (FILL NAME) 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 a trained counselor so I cannot tell you more about what this means. However, I would like you to know so that you can talk to your adolescent 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? (WAIT ON PARENT) 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>Immediately after leaving the household record concise notes in your Record of Calls for the case and contact your field supervisor.</p> <p>Complete and file a Distressed Respondent Report with your field supervisor informing him or her that a toll-free number referral was given, the respondent’s case ID, interviewer’s ID, date, time, a detailed description of the interaction between the interviewer, respondent and parent, and if the appropriate protocols were followed.</p>
<p>Supervisor Actions</p>	<p>Supervisor will report the incident to the Field Director immediately. The Field Director will report the incident to Ms. Triplett and Mr. Mierzwa. Ms. Triplett or Mr. Mierzwa will complete an adverse event report for the IRB within 48 hours of the incident.</p>

Non-Clinician Distressed Respondent Protocol (Cont’d)

Non-Clinical Interviewer Distressed Protocol – Level 3

Level 3: A case of present/current suspected child abuse or neglect

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

Scenario Number	Script for:
3—Current suspected child abuse	NO SCRIPT, ONLY INTERVIEWER ACTIONS

or neglect	POST-INTERVIEW
STEPS	
<p>IF DURING THE COURSE OF THE ADULT OR ADOLESCENT INTERVIEW THE RESPONDENT SHARES UNSOLICITED INFORMATION THAT LEADS YOU TO BELIEVE THAT A CHILD IS CURRENTLY BEING ABUSED OR NEGLECTED.</p> <ol style="list-style-type: none"> <li data-bbox="261 495 1520 785">1. INTERVIEWER ACTION: CONTINUE WITH INTERVIEW AND DO NOT BREAK OFF. <u>DO NOT ASK</u> FOR ADDITIONAL DETAILS ABOUT THE CURRENT 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 FILE A DISTRESSED RESPONDENT REPORT FORM WITH YOUR FIELD SUPERVISOR. WRITE DOWN SPECIFICALLY WHAT THE RESPONDENT TOLD YOU THAT LED YOU TO SUSPECT CHILD ABUSE OR NEGLECT. <li data-bbox="261 846 1500 961">2. CALL YOUR FIELD SUPERVISOR TO DEBRIEF. IF YOUR FIELD SUPERVISOR IS NOT AVAILABLE, CONTACT MS. TRIPLETT OR MR. MIERZWA TO NOTIFY ONE OF THEM THAT YOU HAVE A CASE OF CURRENT SUSPECTED CHILD ABUSE OR NEGLECT. 	

NMHS Distressed Respondent Report Template for Non-Clinical Interviewers

RTI IRB ID Number:

RTI Project Number:

Date of Event:

Case ID Number:

Staff Involved with this Event:

Study Contact Person if there are further questions about this event:

Description of Event:

Description of Actions Taken by Staff (in response to event):

Description of Reporting of this Event by Staff (including dates and time of each report and to whom the reports were made):

Description of Any Deviations from Approved Data Collection Procedures:

Status of Situation (as of the date of this report):

Recommendations for Further Action (if any):

National Mental Health Study Field Test,
Supporting Statement
Attachment AB – Quality Control Form

National Mental Health Study Field Test,
Supporting Statement

Attachment AD – Certificate of Participation



Certificate of Participation

The U.S. Department of Health and Human Services and RTI International would like to thank

[Participant's Signature]

*for participating in the **National Mental Health Study***

on

[Date of Interview]

Field Interviewer

FI ID #

Amy Kowalski

Amy Kowalski
National Field Director
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709



This document certifies that the above named individual participated in the NMHS, a voluntary survey for the U.S. Department of Health and Human Services. Across the country, some participants approach their school teachers or other group leaders to ask about possible special community service credit as they completed this important national survey. The time commitment for participation in this survey is between 1 and 2 hours. A copy of the NMHS brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, Amy Kowalski, at (800) 848-4079.