

Attachment Table of Contents

<u>Attachment</u>	<u>Page</u>
Attachment A – Household Roster	4
Attachment B – Household Roster PAPI Instrument	19
Attachment C – Household Screening Instrument	24
Attachment D – Household Screening PAPI Instrument	91
Attachment E – Clinical Interview.....	104
MDPS Clinical Interview (non-SCID).....	105
Medication Showcard for use with the MDPS Clinical Interview	186
Income Showcard for use with the MDPS Clinical Interview	187
Structured Clinical Interview for DSM-IV (SCID)	188
SCID for Prison Inmates	257
Short Blessed Test.....	309
Attachment G – Informed Consent Forms.....	311
Screening Survey Informed Consent.....	312
Household Consent to Participate	315
Hospital Volunteers Consent to Participate	319
Jail Volunteers.....	323
Prisoner Volunteers Consent to Participate	326
Shelter Volunteers Consent to Participate	330
Proxy Consent to Participate	334
Attachment H – Household Respondent-Materials.....	338
Roster Mailing 1 Lead Letter.....	339
Roster Mailing 2 Pressure Seal Self-Mailer.....	340
Roster Mailing 3 Postcard 1	342
Roster Mailing 4 Reminder Letter.....	343

Roster Mailing 5 Paper Reminder Letter	344
Roster Mailing 6 Postcard 2	345
Roster Mailing 7 Final Pressure Seal Self-Mailer	346
Screener Mailing 1 Lead Letter	348
Screener Mailing 2 Pressure Seal Self-Mailer	349
Screener Mailing 3 Reminder Letter	351
Screener Mailing 4 Follow-up Reminder Letter	352
Screener Mailing 5 Final Postcard.....	353
Screener Mailing 6 Final Pressure Seal Self-Mailer	354
Screener Reminder Emails	355
Screener Notification Card.....	360
Clinical Interview Scheduling Script	361
Clinical Interview Appointment Emails & Letters	365
Clinical Interview Follow-Up Letter	372
Clinical Interview Recontact Letter (Screener CI Reluctance)	373
Letters (Unable to Contact, Controlled Access, Call Me, Reluctance).....	374
Automated Emails: New, Rescheduled, Canceled, Missed Appointments	383
Texts	385
Unable to Contact Text	386
Website Content	387
COVID Risk Form Vaccinated Protocol A	393
COVID Risk Form Unvaccinated Protocol B	395
Incentive/Thank You E-mail (Roster, Screener, CI).....	397
Incentive Receipt In-person	398
Brochure Text.....	399
FAQs	401
Field and Clinical Interviewer Authorization Letter	405

Attachment I – Nonhousehold Facility Materials	406
Recruitment Commencement Letter State DOCs.....	407
Recruitment Commencement Letter Combined	408
National Organizations Letter of Support Combined	410
SAMHSA NSMH Letter of Support	411
NSMH 1-page study description	412
Recruitment Commencement Letter Follow-up Email.....	413
Letter to Facility POC	414
NSMH FAQs Facility Staff	416
Summary of Clinical Interview Questionnaire Nonhousehold	419
SAMHSA NSMH Thank You Letter.....	421
Attachment J – Nonhousehold Respondent Materials.....	422
NSMH FAQs Respondents	423
Contact Cards	424
Shelter Flyer	425
Shelter Flyer No Incentive.....	426
Jail Flyer.....	428
Jail Contact Card.....	429
COVID Risk Form Nonhousehold	430

Attachment A

Household Roster

1) Household Roster Specifications

NSMH Roster Specifications

MODE = WEB, PHONE, OR IN-PERSON

PROGRAMMER NOTE: FOR WEB, INCLUDE “Not sure” AND “Prefer not to answer” AS RESPONSE OPTIONS IF A RESPONDENT MOVES FORWARD WITHOUT SELECTING AN ANSWER. FOR PHONE AND IN-PERSON, INCLUDE DK AND REF ON ALL QUESTIONS.

**** INDICATES THAT RESPONSE OPTIONS SHOULD BE IN ALL CAPS FOR INTERVIEWER ADMINISTERED MODES.**

***** INDICATES THAT TEXT SHOULD BE IN ALL CAPS FOR INBOUND CATI ONLY**

STUDY INTRO [IF WEB] RTI International, an independent nonprofit research institute, is conducting a nationwide study sponsored by the Substance Abuse and Mental Health Services Administration. You should have received a letter explaining the study.

***[IF PHONE] Hello, my name is [FI NAME], and I’m calling from RTI International, an independent nonprofit research institute. We are conducting a nationwide study sponsored by the Substance Abuse and Mental Health Services Administration. You should have received a letter explaining the study.

[IF IN-PERSON] Hello, my name is [FI NAME] with RTI International in North Carolina. We are conducting a nationwide study sponsored by the Substance Abuse and Mental Health Services Administration. You should have received a letter explaining the study.

R1 [IF WEB] Would you prefer to respond in English or Spanish?
English
Spanish [SWITCH TO SPANISH TRANSLATION IF SELECTED]

****R2** First, to verify, do you receive mail at [ADDRESS FILL]?
1 YES
2 NO

R2a [IF R2 = NO] We need to speak to a resident of this address. Thank you for your time.

END ROSTER

EDITAD [IF CITY_STYLE_ADDRESS = 0] What is the physical address, including zip code, for this property?

STREET: (NUMBER AND STREET NAME)

CITY: (CITY)

STATE: (STATE)

ZIP: (ZIP)

PROGRAMMER NOTE: EDITAD REPLACES ADDRESSFILL IF EDITAD IS NOT BLANK OR DK OR REF;
IF ANY FIELD IN EDITAD = DK/REF, ADDRESSFILL = "this address";
ADDRESSFILL1 STORES THE ORIGINAL MAILING ADDRESS.
PROGRAMMER NOTE: ALLOW FOR FOR D.C.

R3 [IF R2 = YES OR CITY_STYLE_ADDRESS = 0] How old are you?

_____ Years old (RANGE 1-110)

POP UP: [IF WEB AND R3 < 18] These questions must be answered by someone aged 18 or older. Please ask an adult to complete these questions. CLOSE [BACK TO R3]

[IF (PHONE OR IN-PERSON) AND R3 < 18] These questions must be answered by someone aged 18 or older. Is there someone who lives here and is over 18 years old available? CLOSE [BACK TO STUDY INTRO]

****CARI** [IF PHONE] This call may be recorded for quality assurance purposes.

[IF IN-PERSON] I am recording part of this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview I will stop the recording. We can still do the interview even if you don't want it to be recorded.

May we record part of the interview?

- 1 YES
- 2 NO

****R4** [IF (WEB OR PHONE) AND R3 ≥ 18] Your address is one of 60,000 in the United States randomly chosen for the National Study of Mental Health. This study, sponsored by the Substance Abuse and Mental Health Services Administration, collects information for research and program planning by asking about:

- Mental health;
- health behaviors;
- access to, and use of, medical care or treatment; and
- tobacco, alcohol, and drug use or non-use.

If you answer a brief set of questions about the people who live here, you will receive a \$10 electronic pre-paid Visa or check. And, if there are people in the household who are eligible, they will be paid \$20 to complete a 15-minute screening survey. Your answers will be used for statistical purposes only and your participation is voluntary.

[IF IN-PERSON AND R3 ≥ 18] Your address is one of 60,000 in the United States randomly chosen for the National Study of Mental Health. This study, sponsored by the Substance Abuse and Mental Health Services Administration, collects information for research and program planning by asking about:

- Mental health;

- health behaviors;
- access to, and use of, medical care or treatment; and
- tobacco, alcohol, and drug use or non-use.

If you answer a brief set of questions about the people who live here, you will receive \$10 in cash. And, if there are people in the household who are eligible, they will be paid \$20 to complete a 15-minute screening survey. Your answers will be used for statistical purposes only and your participation is voluntary.

****GQU** Does anyone **not related to you** live at [ADDRESS FILL OR] to receive help or support for:

- Developmental disabilities
- Physical disabilities
- Mental health issues
- Substance use issues
- Elder care

1 YES
2 NO

****R5** [IF R4 = NEXT] To begin, do you or anyone else in this household consider this to be your or their primary residence? In other words, is this the address where you or they receive mail?

1 YES
2 NO

R5a [IF R5 = NO] This needs to be a primary residence to participate. Thank you for your time.

END ROSTER

R6 [IF R3 ≥ 18] Including yourself, how many people consider [ADDRESS FILL] their primary residence?

- **Do include** students who live in **on-campus** housing while at school.
- **Do not include** anyone who lives most of their time somewhere else even if they are currently staying here.

_____ # of people, including yourself (RANGE 1-20)

R6a [IF WEB AND GQU = 0 AND R6 > 8] Thank you for answering these questions. We are unable to complete this portion of the survey online. Please call 877-267-2910 to complete these questions or an interviewer will follow up with your household in person.

[EXIT]

PROGRAMMER NOTE: IF WEB AND isGQU = 1 AND R6 > 8, CONTINUE WITH ROSTER. ALLOW UP TO 20 HH MEMBERS TO BE ROSTERED.

R6b [IF R6 = DK OR REF] We need to know how many people consider this their primary residence to continue. Thank you for your time.

END ROSTER

PROGRAMMER: IF RECORDING CONSENT = YES, STOP RECORDING

R7 [IF R6 > 1] Of these [R6 FILL] people, how many are now ages 18 and older?
_____ # of adults, including yourself (RANGE 0-R6 FILL)

R7a [IF R6 > R7] Of these [R6 – R7] people, how many are ages 12 to 17 years old?
_____ # of children 12 to 17 years old (RANGE 0-(R6-R7))

R7b [IF R7 = DK OR REF] We need to know how many people at this residence are ages 18 and older to continue. Thank you for your time.

END ROSTER

R17 [IF R7 ≥ 1] Is [ADDRESS FILL] ...

Owned by you or someone else in this household?
Rented by you or someone else in this household?
Owned or managed by a third party, such as a college dorm or nursing home?
Occupied without payment of rent?

PROGRAMMER NOTE: IF WEB AND R17 = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R17 = BLANK, SHOW ERROR MESSAGE: This question is important for classification purposes. Please try to answer if you can.

R8 [IF R7 > 1] Next are a few questions about the people who live here. Let's start with you.

[IF R7 ≥ 1] What is your first name?

OPEN ENDED RESPONSE

NEXT

DEFINE RRNAMEFILL

RRNAMEFILL = R8

IF R8 = DK/REF, NAMEFILL = you

****R9** [IF R7 ≥ 1] What is your sex?

Male

Female

R11 [IF R7 = 2] Now we need some general information about the other person in this household who is age 18 or older.

What is the first name of the other person in this household who is age 18 or older? This information will only be used to contact this person if they are selected for a screening survey.

OPEN ENDED RESPONSE

[IF R7 > 2] Now we need some general information about all of the other people in this household who are ages 18 and older. Let's start with the oldest and work down to the youngest, **not including yourself**.

What is the first name of the [oldest/next oldest] person in this household who is age 18 or older, not including yourself? This information will only be used to contact this person if they are selected for a screening survey.

OPEN ENDED RESPONSE

DEFINE NAMEFILL

NAMEFILL = R11

IF R11 = DK/REF, NAMEFILL = person # [FILL ROSTER NUMBER]

R11a [IF R11 NE BLANK] How old is [NAMEFILL]?

_____ Years old

****R12** [IF R7 > 1] What is [NAMEFILL]'s sex?

Male

Female

PROGRAMMER NOTE: [IF WEB] REPEAT R11 THROUGH R12 FOR ALL ROSTER MEMBERS. ONLY INCLUDE INTRO STATEMENT IN R11 FOR FIRST ROSTER MEMBER.

****R14** [IF WEB AND R7 > 0 AND NO ONE ELSE TO ROSTER] These are the people listed as ages 18 and older living at [ADDRESS FILL]. Please review this information.

[IF (PHONE OR IN-PERSON) AND R7 > 1 AND NO ONE ELSE TO ROSTER: REVIEW INFORMATION WITH RESPONDENT AND DETERMINE IF CORRECTIONS NEED TO BE MADE.]

Is this correct?

YES

NO

LIST NAMEFILL, AGE, AND SEX FOR EACH ROSTER MEMBER

R14a [IF WEB AND R14 = NO] Please make any corrections below. To remove a person, delete their first name. To add a new person, enter the new information in the bottom row.

[IF (PHONE OR IN-PERSON) AND R14=NO] (What needs to be corrected?)

INTERVIEWER: MAKE APPROPRIATE CHANGES

LIST NAMEFILL, AGE, AND SEX FOR EACH ROSTER MEMBER IN EDITABLE TABLE

R15 [IF WEB AND R7 = 1] Below is a list of health conditions. Have you ever been told by a doctor or other health care professional that you had any of these conditions?

[IF WEB AND R7 > 1] Below is a list of health conditions. Have any of these household members ever been told by a doctor or other health care professional that they had any of these conditions?

[IF (PHONE OR IN-PERSON) AND R7 = 1] Have you ever been told by a doctor or other health care professional that you had any of the following conditions?

[IF (PHONE OR IN-PERSON) AND R7 > 1] Have any of these household members ever been told by a doctor or other health care professional that they had any of the following conditions?

Condition	YES	NO	Not Sure	Prefer Not to Answer
Diabetes?	1	2	8	9
Heart problems?	1	2	8	9
Cancer?	1	2	8	9
Schizophrenia or schizoaffective disorder?	1	2	8	9
Other problems with emotions, nerves or mental health?	1	2	8	9
Problems with alcohol or drugs?	1	2	8	9

Next [START SELECTION]

R18 [IF ONE SELECTED] Thank you for your help. The following household member is eligible to participate in a short screening survey.

Each person who participates will receive \$20 at the end of their screening survey.

RRNAMEFILL (You) OR NAMEFILL AGE SEX
SELECTIONS

[IF TWO SELECTED] Thank you for your help. The following household members are eligible to participate in a short screening survey.

Each person who participates will receive \$20 at the end of their screening survey.

RRNAMEFILL (You) OR NAMEFILL AGE SEX
SELECTIONS

[IF NO ONE SELECTED] Thank you for providing your household listing. No one in your household was selected to complete a screening survey.

R19a [IF IN-PERSON] Now we need some contact information so we can complete the screening survey.

R19 [IF (WEB OR IN-PERSON) AND ((ONE SELECTED BUT NOT RR) OR TWO SELECTED)] Please enter **[NAMEFILL]**'s phone number and email address so that we can contact [him/her] about this upcoming screening survey.

[IF PHONE AND ((ONE SELECTED BUT NOT RR) OR TWO SELECTED)] What is **[NAMEFILL]**'s phone number and email address so that we can contact [him/her] about this upcoming screening survey.

Phone Number:

OPEN ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE

Email Address:

OPEN ENDED RESPONSE OPTION

Confirm Email Address:

OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF TWO SELECTED INCLUDING RR USE NON-RR FILLS FOR R19

PROGRAMMER NOTE: IF WEB AND R19 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact this person about the next survey in this study. Please enter their contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R19 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact this person about the next survey in this study. Please try to answer if you can.

****R20** [IF (ONE SELECTED BUT NOT RR) OR TWO SELECTED] Generally, what are good days and times in the next few weeks for an interviewer to contact **[NAMEFILL]** to conduct the screening survey?

CHECK ALL THAT APPLY

Day:

Time of Day:

Monday Morning
Tuesday Afternoon
Wednesday Evening
Thursday No Preference
Friday
Saturday
Sunday
No Preference

Other times OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF IN-PERSON, ALLOW BLANKS

****R20b** [IF (ONE SELECTED BUT NOT RR) OR TWO SELECTED] In which time zone does **[NAMEFILL]** live?

- 1 Eastern Time
- 2 Central Time
- 3 Mountain Time
- 4 Pacific Time
- 5 Alaska Time
- 6 Hawaii-Aleutian Time
- DK/REF

****R21** [IF (ONE SELECTED BUT NOT RR) OR TWO SELECTED] Does **[NAMEFILL]** currently stay at **[ADDRESS FILL]** or is [he/she] staying somewhere else, like in a college dorm or other temporary housing?

Staying at **[ADDRESS FILL]**
Staying somewhere else

R22 [IF (WEB OR IN-PERSON) AND TWO SELECTED BUT NOT RR] Please enter **[NAMEFILL]**'s phone number and email address so that we can contact [him/her] about this screening survey.

[IF PHONE AND TWO SELECTED BUT NOT RR] What is **[NAMEFILL]**'s phone number and email address so that we can contact [him/her] about this upcoming screening survey.

Phone Number:

OPEN ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE

Email Address:

OPEN ENDED RESPONSE OPTION

Confirm Email Address:

OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF WEB AND R22 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact this person about the next survey in this study. Please enter their contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R22 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact this person about the next survey in this study. Please try to answer if you can.

PROGRAMMER NOTE: IF WEB and EMAIL IN R22 IS THE SAME AS EMAIL IN R19, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please enter your own, unique email address. If you do not have your own email address, please be sure to enter an accurate phone number.

IF (PHONE OR IN-PERSON) AND EMAIL IN R22 IS THE SAME AS EMAIL IN R19, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please provide your own, unique email address if you can.

****R23** [IF TWO SELECTED BUT NOT RR] Generally, what are good days and times in the next few weeks for an interviewer to contact **[NAMEFILL]** to conduct the screening survey?

CHECK ALL THAT APPLY

Day:	Time of Day:
Monday	Morning
Tuesday	Afternoon
Wednesday	Evening
Thursday	No Preference
Friday	
Saturday	
Sunday	
No Preference	

Other times OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF IN-PERSON, ALLOW BLANKS

****R23b** [IF TWO SELECTED BUT NOT RR] In which time zone does **[NAMEFILL]** live?

1	Eastern Time
2	Central Time
3	Mountain Time
4	Pacific Time
5	Alaska Time
6	Hawaii-Aleutian Time
	DK/REF

****R24** [IF TWO SELECTED BUT NOT RR] Does **[NAMEFILL]** currently stay at [ADDRESS] or is [he/she] staying somewhere else, like in a college dorm or other temporary housing?

Staying at [ADDRESS FILL]
Staying somewhere else

R25 [IF (WEB OR IN-PERSON) AND RR SELECTED] Please enter **your** first name, phone number, and email address so that we can contact you about this upcoming screening survey.

[IF PHONE AND RR SELECTED] What is your first name, phone number, and email address so that we can contact you about this screening survey.

First Name:
OPEN ENDED RESPONSE OPTION

Phone Number:
OPEN ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE

Email Address:
OPEN ENDED RESPONSE OPTION

Confirm Email Address:
OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF WEB AND R25 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.
IF (PHONE OR IN-PERSON) AND R25 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please try to answer if you can.

PROGRAMMER NOTE: IF WEB and EMAIL IN R25 IS THE SAME AS EMAIL IN R19 OR R22, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please enter your own, unique email address. If you do not have your own email address, please be sure to enter an accurate phone number.
IF (PHONE OR IN-PERSON) AND EMAIL IN R25 IS THE SAME AS EMAIL IN R19 OR R22, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please provide your own, unique email address if you can.

****R25a** [IF RR SELECTED AND R25 PHONE NUMBER NE BLANK] Is [FILL R25 PHONE NUMBER] your personal cell phone?

1 YES
2 NO

****R25b** [IF R25a = YES] May we send text messages to your personal cell phone to contact you about the upcoming screening survey?

- 1 YES
- 2 NO

****RR VERIFICATION** [IF IN-PERSON AND RR SELECTED AND R25 PHONE NUMBER NE BLANK] We may contact you to verify the information you have given us. May we call you at [PHONE NUMBER FILL] for that verification?

- 1 YES
- 2 NO

****RRSTART** [IF IN-PERSON AND RR SELECTED] Would you like to begin your screening survey now?

- 1 YES
- 2 NO

INTERVIEWER NOTE: CLICK NEXT TO CLOSE OUT THE CASE, THEN RETURN TO LAUNCH THE SCREENER

****R26** [IF ((WEB OR PHONE) AND RR SELECTED) OR (IN-PERSON AND RRSTART = NO)] Generally, what are good days and times in the next few weeks for an interviewer to contact **you** to conduct the screening survey?

CHECK ALL THAT APPLY

- | | |
|---------------|---------------|
| Day: | Time of Day: |
| Monday | Morning |
| Tuesday | Afternoon |
| Wednesday | Evening |
| Thursday | No Preference |
| Friday | |
| Saturday | |
| Sunday | |
| No Preference | |

Other times OPEN ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF IN-PERSON, ALLOW BLANKS

****R26b** [IF ((WEB OR PHONE) AND RR SELECTED) OR (IN-PERSON AND RRSTART = NO)] In which time zone do **you** live?

- 1 Eastern Time
- 2 Central Time
- 3 Mountain Time
- 4 Pacific Time
- 5 Alaska Time
- 6 Hawaii-Aleutian Time
- DK/REF

VERIFICATION

[IF IN-PERSON AND RR NOT SELECTED] We may contact you to verify the information you have given us. Please enter your first name and telephone number so that we can contact you for this verification.

FIRST NAME:

PHONE: *(Area code and phone number)*

PROGRAMMER NOTE: IF IN-PERSON, ALLOW BLANKS

PROGRAMMER: IF RECORDING CONSENT = YES, RESUME RECORDING

****R30** You can receive your payment either as an electronic pre-paid Visa or as a check <IF IN-PERSON: or, if you prefer, I can give you the incentive payment in cash right now>. You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check.

[IF WEB] How would you like to receive your incentive payment?

[IF PHONE] Would you like to receive your payment as an electronic prepaid Visa or as a check?

[IF IN-PERSON] Would you like to receive your payment as an electronic prepaid Visa, a check or in cash?

- 1 Electronic pre-paid Visa. Please allow 1 to 2 weeks for processing.
- 2 Check. Please allow up to 4 weeks for processing and delivery.
- 4 <IF IN-PERSON: IN CASH>

- 3 NO, THANKS. DECLINE THE INCENTIVE.

PROGRAMMER: IF RECORDING CONSENT = YES, STOP RECORDING

R31 [IF IN-PERSON & R30 == 4] IF NOT DONE EARLIER HAND RESPONDENT **\$10 CASH.**

1 CASH ACCEPTED

2 CASH REFUSED

I have checked a box to indicate that [you accepted/you refused] the \$10 in cash for completing this screening.

R30b [IF R30 = 1] Please provide your email address to receive the electronic pre-paid Visa.

_____ [OPEN-ENDED, FORMAT CHECK FOR VALID EMAIL ADDRESS]

PROGRAMMER NOTE: IF WEB AND R30b = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R30b = BLANK OR DK OR REF, SHOW ERROR MESSAGE:
THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY
TO ANSWER IF YOU CAN.

R30c [IF R30 = 2] Please provide your first and last name to receive your check.

First Name:**
OPEN-ENDED RESPONSE OPTION

Last Name:**
OPEN-ENDED RESPONSE OPTION

PROGRAMMER NOTE: IF WEB AND R30c = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R30c = BLANK OR DK OR REF, SHOW ERROR MESSAGE:
THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY
TO ANSWER IF YOU CAN.

****R30d** [IF R30 = 2] Would you like us to mail your check to [ADDRESS FILL] or to another address?

- 1 Yes, mail to [ADDRESS FILL]
- 2 No, mail to another address

DK/REF

R30e [IF R30= 2 AND R30d = 2] What address do you want us to mail the check to?

STREET: (NUMBER AND STREET NAME)
CITY: (CITY)
STATE: (STATE)
ZIP: (ZIP)

PROGRAMMER NOTE: IF WEB AND R30e = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND R30e = BLANK OR DK OR REF, SHOW ERROR MESSAGE:
THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY
TO ANSWER IF YOU CAN.

PROGRAMMER NOTE: ALLOW FOR FOR D.C.

****R28** [IF (WEB OR PHONE) AND RR SELECTED] Would you like to begin **your** screening survey now?

[IF (PHONE OR IN-PERSON) AND ONE SELECTED BUT NOT RR] Is [NAMEFILL] available for me to speak with now?

YES
NO

PROGRAMMER NOTE: IF YES, BEGIN INTERVIEW.

****R29** [IF (PHONE OR IN-PERSON) AND TWO SELECTED BUT NOT RR] Is [NAMEFILL] or [NAMEFILL] available for me to speak with now?

[IF (PHONE AND (TWO SELECTED INCLUDING RR AND R28 = NO)) OR (IN-PERSON AND (TWO SELECTED INCLUDING RR AND RRSTART = NO))] Is [NAMEFILL] available for me to speak with now?

YES FOR [NAMEFILL]
YES FOR [NAMEFILL]
NO

**PROGRAMMER NOTE: ALLOW ONLY ONE YES RESPONSE IN R29.
IF YES FOR EITHER, BEGIN INTERVIEW.**

R30a [IF RRSTART = NO OR R28 = NO OR R29 = NO] We will contact you soon to complete the interview. Thank you for your time.

[IF (R28 = NO OR R29 = NO) AND ONE SELECTED BUT NOT RR] We will contact [NAMEFILL] soon to complete the interview. Thank you for your time.

[IF (R28 = NO OR R29 = NO) AND TWO SELECTED BUT NOT RR] We will contact [NAMEFILL] and [NAMEFILL] soon to complete the interview. Thank you for your time.

PROGRAMMER NOTE: Incentive Flags for Screener

DEFINE ROSTERINCAMOUNT
IF WEB OR PHONE, ROSTERINCAMOUNT = \$10
IF IN-PERSON, ROSTERINCAMOUNT = \$10

DEFINE ROSTERPAYMENTINFO

IF IN-PERSON, ROSTERPAYMENTINFO = 1
IF (WEB OR PHONE) AND R28 = YES, ROSTERPAYMENTINFO = 2
IF (WEB OR PHONE) AND R29 = ANY YES, ROSTERPAYMENTINFO = 2
IF (WEB OR PHONE) AND R30 = 3, ROSTERPAYMENTINFO = 2
IF (WEB OR PHONE) AND (R30b OR R30c OR R30d OR R30e = DK OR REF), ROSTERPAYMENTINFO = 2
ELSE, ROSTERPAYMENTINFO = 1

Attachment B

Household Roster PAPI Instrument

- 1) Paper and Pencil Household Roster

NSMH

National Study of Mental Health

Household Membership Listing

Your address is one of 60,000 in the United States randomly chosen for the National Study of Mental Health. This study, sponsored by Substance Abuse and Mental Health Services Administration, collects information for research and program planning by asking about:

- Mental health;
- health behaviors;
- access to, and use of, medical care or treatment; and
- tobacco, alcohol, and drug use or non-use.

If you answer this brief set of questions about the people who live here, we would like to send you a \$10 check. And, if there are people in the household who are eligible, they will be paid \$20 to complete a 15-minute screening survey. Your answers will be used for statistical purposes only and your participation is voluntary.

Please answer this survey for the address listed below.

CITY RESIDENT
ADDRESS1
ADDRESS2
CITY, STATE ZIP



--	--	--	--	--	--	--	--

1. Does anyone not related to you live at the address on the cover of the survey receive help or support for:

- Developmental disabilities
- Physical disabilities
- Mental health issues
- Substance use issues
- Elder care

- Yes
 No

2. Do you or anyone else in this household consider this to be your or their primary residence? In other words, is this the address where you or they receive mail?

- Yes
 No → *Skip to question 17*

3. Including yourself, how many people consider the address on the cover of the survey their primary residence?

- **Do include** students who live in **on-campus** housing while at school.
- **Do not include** anyone who lives most of their time somewhere else even if they are currently staying here.

of people, including yourself
→ *If you entered 0, skip to question 17*

4. Of the people who live here, how many are now ages 18 and older?

of people now age 18 and older, including yourself

5. Of the people who live here, how many are ages 12 to 17 years old?

of people now age 12 to 17 years old

6. Is the address on the cover of the survey ...

- Owned by you or someone else in this household?
 Rented by you or someone else in this household?
 Owned or managed by a third party, such as a college dorm or nursing home?
 Occupied without payment of rent?

7. Next are a few questions about the people who live here. Let's start with you.

What is your first name?

This information will only be used if you are selected to participate in the next survey in this study.

First Name:

8. How old are you?

years old

9. What is your sex?

- Male
 Female

10. Do you currently stay at the address on the cover of the survey or are you staying somewhere else, like in a college dorm or other temporary housing?

- Staying at this address
 Staying somewhere else

11. Please enter your phone number so that we can contact you if you are selected for the next survey in this study.

- -

12. Is the phone number you provided in Q11 your personal cell phone?

- Yes
 No → *Skip to question 14*

13. If you are selected, may we send text messages to your personal cell phone to contact you about the survey?

- Yes
 No

14. Please enter your email address so that we can contact you if you are selected for the next survey in this study.

15. Now we need some general information about all of the other people in this household who are ages 18 and older. Not including you, please start with the oldest and work down to the youngest.

This information will only be used to contact this person if they are selected for the next survey in this study.

	First Name	Age	Sex	Does this person currently stay...
Household member 1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> At this address (see cover) <input type="radio"/> Somewhere else (like a college dorm or other temporary housing)
	Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Email Address:	<input type="text"/>		

	First Name	Age	Sex	Does this person currently stay...
Household member 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> At this address (see cover) <input type="radio"/> Somewhere else (like a college dorm or other temporary housing)
	Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Email Address:	<input type="text"/>		

	First Name	Age	Sex	Does this person currently stay...
Household member 3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> At this address (see cover) <input type="radio"/> Somewhere else (like a college dorm or other temporary housing)
	Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Email Address:	<input type="text"/>		

	First Name	Age	Sex	Does this person currently stay...
Household member 4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> At this address (see cover) <input type="radio"/> Somewhere else (like a college dorm or other temporary housing)
	Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Email Address:	<input type="text"/>		

	First Name	Age	Sex	Does this person currently stay...
Household member 5	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> At this address (see cover) <input type="radio"/> Somewhere else (like a college dorm or other temporary housing)
	Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Email Address:	<input type="text"/>		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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16. Below is a list of health conditions. Have any of the household members you listed on the previous page ever been told by a doctor or other health care professional that they had any of these conditions?

Select one response per row.

	Yes	No	Don't Know	Rather Not Say
Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia or schizoaffective disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other problems with emotions, nerves or mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. To show our appreciation for completing this short survey today, we would like to send you a \$10 check. Please enter your first and last name to receive this check. Print in all CAPS.

Please allow up to 4 weeks for processing and delivery.

First Name:

Last Name:

Please return your questionnaire in the enclosed return envelope or mail it to:

NSMH
 RTI International
 ATTN: Data Capture
 5265 Capital Boulevard
 Raleigh, NC 27690

Thank you for participating in the NSMH Household Membership Listing.



Attachment C

Household Screening Instrument

- 1) MDPS Screener Specifications for Household and Jail Populations
- 2) CAT-MH™ Item Bank

MDPS Screening Survey Instrument

MDPS Screening Specifications

Acronyms used:

- HH = household population
- GQU = group quarters
- NHH = non-household population
- JA = jail population
- PR = prison population
- SH = state psychiatric hospital population
- HL = homeless population

Symbols used

- [] skips
- <> fills
- != = not equal
- | = OR
- ** = indicates that we need two versions of response options, i.e., one for self-administration in “Sentence case” and one for interviewer administration in “ALL CAPS”.

GENERIC ERROR MESSAGE FOR BLANK: “If you are not sure or prefer not to answer, simply select 'Not sure' or 'Prefer not to answer' and then click 'Next' to continue.” **

PROGRAMMER: FOR DK PLEASE DISPLAY “Not sure”** and for REF “Prefer not to answer”**; FOR PHONE AND IN-PERSON (NOT IN-PERSON SELF-ADMINISTERED), WHERE APPLICABLE, PLEASE DISPLAY ON SCREEN IMMEDIATELY.

Populations:

- The routing through the instruments for the different populations will be based on a preloaded case ID which differentiates the populations.
- HH/GQU:
 - Up to two randomly selected individuals in separate sessions.
 - Self-completion via web, (inbound) phone with TI, or self-completion in-person with FI (note April 2021: due to COVID, in-person will always be CASI).
 - Pilot sample of 200-250 cases will only be administered the CIDI screener
 - Replicate 2: Randomly assign individuals who complete on the web or in-person self-administered (CASI) to either non-adaptive CIDI screener or to CAT-MH screener. Switch CAT-MH to CIDI only if in-person interviewer is offline.
- JA
 - JA are exempted from the screener randomization to non-adaptive CIDI screener or CAT-MH. They will only receive the non-adaptive CIDI screener.
 - Everyone in the JA population completing the screener will be invited to complete the NetSCID – no subsampling.
 - JA will not be asked for consent to the clinical interview at the end of the screener.
 - Note April 2021: currently FI administration is not planned, possibly later. Older comment: The JA where FI administered will not be via self-completion section.

Line #	Pop.	Variable Name	Variable Description / Original Variable Name	Source	Note(s)
1. Introduction and consent					
1		Spre	Programmer preload instructions		
2	HH, CAT-MH	Sscreen	CIDI or CAT-MH random assignment		
3	HH, JA, CAT-MH	Sintro	Study introduction	New	
4	HH, CAT-MH	Sopen	Screener overview	New	
5	HH, JA, CAT-MH	Sconf	Confirmation of correct respondent	New	
6	HH, CAT-MH	S1	Interview language selection (if known: from roster)	NSDUH	
7	HH, JA, CAT-MH	SSD1	Age	NSDUH Redesign	
8	HH, JA, CAT-MH	SSD1a	Age verification	NIS	
9	HH, JA, CAT-MH	SSD1b	Age verification	NIS	
10	HH, JA, CAT-MH	S3a	Recording allowance / start	New	
11	HH, JA, CAT-MH	S3	Informed consent and in-depth study introduction	New	
12	HH, JA, CAT-MH	S3_int	Interview consent	New	In consent document
13	JA	S3_rec	Recording consent	New	In consent document
14	HH, JA, CAT-MH	S3b	Non-consent interview end	New	
15	JA	S3c	Programmer note recording	New	
16	JA	SOL1	Date admitted to this facility	NIS	
17	JA	SOL2	Estimate when admitted to facility	NIS	
18	HH, JA, CAT-MH	SFIID3	Interview administration mode	New	
19	CAT-MH	SFIID3a	Interviewer online/offline	New	
30	HH, JA, CAT-MH	SSD2	Sex	Modified ACS	Adapted to "you" instead of this person
31	CAT-MH	SCAT1	Pregnancy / post-partum status	Modified NSDUH	Added post-partum
32	HH, JA, CAT-MH	SSF1	General health	SF12	
33	CAT-MH	CATMHIntro	CAT_MH transition		
2. Depression – reference period: past 12 months				CIDI	
34	HH, JA	SMDD1a	Dysphoria		
35	HH, JA	SMDD1b	Discouragement		
36	HH, JA	SMDD1c	Anhedonia		
37	HH, JA	SMDD1d	Worthlessness		

3. Anxiety – GAD; reference period: past 12 months				CIDI	
38	HH, JA	SGAD1a	Feeling worried/anxious		
39	HH, JA	SGAD1b	Worried about a number of different things		
40	HH, JA	SGAD1c	Feeling more worried than other people		
41	HH, JA	SGAD1d	Trouble controlling worry		
4. Mania/Hypomania – reference period: lifetime				CIDI	
42	HH, JA	SCI1	Episode mood higher or more irritable y/n		
43	HH, JA	SCI2	Duration of longest episode		
5. PTSD – reference period: past 12 months				PTSD checklist (PCL-5)	
44	HH, JA	SPC1a	Reexperiencing		
45	HH, JA	SPC1b	Avoiding external reminders		
46	HH, JA	SPC1c	Felt distant		
47	HH, JA	SPC1d	Irritable behavior		
6. Substance Abuse – reference period: past 12 months					
48	HH	SAU1	How often drink/alcohol	Modified AUDIT-C	Added reference period.
49	HH	SAU2	How many drinks typical day	Modified AUDIT-C	Added reference period. Deleted 'standard' drinks
50	HH	SDA1	Definition of drug use	Modified DAST	
51	HH	SDU1	How often drugs	DUDIT	Added reference period.
52	HH	SDU2	How often heavily influenced by drugs	DUDIT	Added reference period.
7. Psychosis – lifetime reference period				CIDI	
53	HH, JA	SCI3a	Seeing visions		
54	HH, JA	SCI3b	Hearing voices		
55	HH, JA	SCI3c	Thought insertion		
56	HH, JA	SCI3d	Thoughts stolen		
57	HH, JA	SCI3e	Mind control		
58	HH, JA	SCI3f	Force communication		
59	HH, JA	SCI3g	Conspiracy		
8. Health and Health Care					

60	HH, JA, CAT-MH	SH1	Health insurance	Modified NSDUH	Simplified to y/n
61	HH, JA, CAT-MH	SH2	Disability benefits	New	
62	HH, JA, CAT-MH	SH3	Reasons for disability mental or physical health	New	
63	HH, JA, CAT-MH	SH4	Reasons for disability mental health follow-up	New	
64	HH, JA, CAT-MH	SH5	Ever diagnosed with ...	CIDI	
65	HH, JA, CAT-MH	SH6	Height	Modified NSDUH	Only asked in feet
66	HH, JA, CAT-MH	SH7	Weight	Modified NSDUH	Only asked in pounds
67	HH, JA, CAT-MH	SH8a	COVID-19 self-diagnosed	New	
68	HH, JA, CAT-MH	SH8b	COVID-19 tested positive	New	
69	HH, JA, CAT-MH	SH8c	COVID-19 self-hospitalization	New	
70	HH, JA, CAT-MH	SH8d	COVID-19 hospitalization of someone close	New	
71	HH, JA, CAT-MH	SH8e	COVID-19 death of someone close	New	
72	HH, JA, CAT-MH	SH9	COVID-19 mental health change	New	
73	HH, CAT-MH	SH10	COVID-19 alcohol use change	New	
74	HH, CAT-MH	SH11	COVID-19 drug use change	New	
75	HH, CAT-MH	S4	Selection mechanism	New	Everyone in jail is invited to clinical interview
9. Socio-demographics					
76	HH, JA, CAT-MH	SSD3	Marital status	Modified ACS	Adapted to "you" instead of this person
77	HH, JA, CAT-MH	SSD3a	Living with partner	NSDUH 2025	
78	HH, JA, CAT-MH	SSD4	Ethnicity	NSDUH	
79	HH, JA, CAT-MH	S2	Speaking English/Spanish	NLAAS	asked in English
80	HH, JA, CAT-MH	SSD5	Race	NSDUH	
81	HH, JA, CAT-MH	SSD6	Highest educational degree	Modified ACS	Adapted to "you" instead of this person and aggregated categories
82	HH, JA, CAT-MH	SSD7	Student status	Modified B&B:08/18	Wording adjusted to current,

					irrespective of degree seeking or not, full time or part time or not. Added instruction to answer yes if on break.
83	HH, JA, CAT-MH	SSD7a	First enrollment (in months)	New	Maps to NPSAS
84	HH, JA, CAT-MH	SSD7b	On campus housing current y/n	New	Maps to NPSAS
85	HH, JA, CAT-MH	SSD7e	On campus housing any time past 12 months y/n	New	Maps to NPSAS
86	HH, JA, CAT-MH	SSD7c	On campus housing mostly past 12 months y/n	New	Maps to NPSAS
87	HH, JA, CAT-MH	SSD7d	Off campus housing type past 12 months	New	Maps to NPSAS
88	HH, JA, CAT-MH	SSD8	Veteran status	NIS	
89	HH, JA, CAT-MH	SSD9	Active duty	Modified ACS	Simplified to current in U.S. armed forces
90	HH, JA, CAT-MH	SSD10	Paid work	Modified ACS	Added introduction, exact reference period, and unpaid instructions
91	HH, JA, CAT-MH	SSD10a	Paid work any	ACS	
92	HH, JA, CAT-MH	SSD10b	Layoff	ACS	
93	HH, JA, CAT-MH	SSD10c	Temporary absence	Modified ACS	
94	HH, JA, CAT-MH	SSD10d	Recalled to work	ACS	
95	HH, JA, CAT-MH	SSD10e	Actively looking for work	ACS	
96	HH, JA, CAT-MH	SSD10f	Could have started work	Modified ACS	
10. Overlap with (non-)HH population – reference period: past 12 months					
97	JA	SOL3	Sentenced	NIS	
98	JA	SOL4	County & state lived in most prior to incarceration	New	
99	JA	SOL5a	State lived in most prior to incarceration	New	

100	JA	SOL5b	County lived in most prior to incarceration	New	
101	JA	SOL6	Jail more than once	New	
102	HH, CAT-MH	SOL7	Jail stay	New	
103	HH, JA, CAT-MH	SOL8	Jail length of stay reporting unit	New	If multiple: overall
104	HH, JA, CAT-MH	SOL8N	Jail stay in nights	New	
105	HH, JA, CAT-MH	SOL8W	Jail stay in weeks	New	
106	HH, JA, CAT-MH	SOL8M	Jail stay in months	New	
107	JA	SOL9	House/apartment lived	New	
108	JA	SOL10	House/apartment length of stay reporting unit	New	
109	JA	SOL10N	House/apartment stay in nights	New	
110	JA	SOL10W	House/apartment stay in weeks	New	
111	JA	SOL10M	House/apartment stay in months	New	
112	HH, JA, CAT-MH	SOL11	Prison stay	New	
113	HH, JA, CAT-MH	SOL12	Prison length of stay reporting unit	New	
114	HH, JA, CAT-MH	SOL12N	Prison stay in nights	New	
115	HH, JA, CAT-MH	SOL12W	Prison stay in weeks	New	
116	HH, JA, CAT-MH	SOL12M	Prison stay in months	New	
117	HH, JA, CAT-MH	SOL13	Psychiatric hospital stay	New	
118	HH, JA, CAT-MH	SOL13a	State psychiatric hospital stay	New	
119	HH, JA, CAT-MH	SOL14	State psychiatric hospital length of stay reporting unit	New	
120	HH, JA, CAT-MH	SOL14N	State psychiatric hospital stay in nights	New	
121	HH, JA, CAT-MH	SOL14W	State psychiatric hospital stay in weeks	New	
122	HH, JA, CAT-MH	SOL14M	State psychiatric hospital stay in months	New	
123	HH, JA, CAT-MH	SOL15	Homeless stay	New	
124	HH, JA, CAT-MH	SOL15a	Homeless shelter stay	New	
125	HH, JA, CAT-MH	SOL16	Homeless shelter length of stay reporting unit	New	
126	HH, JA, CAT-MH	SOL16N	Homeless shelter stay in nights	New	
127	HH, JA, CAT-MH	SOL16W	Homeless shelter stay in weeks	New	
128	HH, JA, CAT-MH	SOL16M	Homeless shelter stay in months	New	
11. Scheduling CI and Incentives					
129	HH, JA, CAT-MH	S6a	Respondent hands tablet back to interviewer	New	

130	HH, JA, CAT-MH	S6b	Interviewer passcode		
131	HH, JA, CAT-MH	S5a	Selection and transition	New	
132	HH, CAT-MH	S5b_1, S5b_2, S5b_3	Selection and transition	New	
133	HH, CAT-MH	S5c	Email incentive payment	New	
134	HH, CAT-MH	S5d	Name incentive payment	New	
135	HH, CAT-MH	S5e	Address incentive payment	New	
136	HH, CAT-MH	S5f	Address new incentive payment	New	
137	HH, CAT-MH	S6c	Recording start	New	
138	HH, CAT-MH	S6	Informed consent for clinical interview	New	Administered for jail population as part of clinical interview and not here.
139	HH, CAT-MH	S6_int	Main interviewing consent	New	
140	HH, JA, CAT-MH	S3d	Programmer note recording	New	
141	JA	S7	Release date y/n	NIS	
142	JA	S8	Expected release date	NIS	
143	JA	S9	Type of residence post-release	Modified NSHAPC	Adjusted question wording and response categories.
144	HH, JA, CAT-MH	S10	Video call	New	Make smart-phone more explicit
145	HH, JA, CAT-MH	S11	Contacting information for selected RR (post-release)	New	First name, email, and phone number.
146	HH, JA, CAT-MH	S11a	Landline y/n	New	
147	HH, JA, CAT-MH	S11b	Landline #	New	
148	HH, JA, CAT-MH	S11c	Text message consent	New	
149	HH, JA, CAT-MH	S11d	Mode preference	New	
150	HH, JA, CAT-MH	S12	Additional contact y/n	New	
151	HH, JA, CAT-MH	S13	Contacting information for additional contact (post-release)	New	
152	HH, JA, CAT-MH	S14	Best days and times for selected RR	New	
153	HH, JA, CAT-MH	S14a	Time zone for selected RR	New	

154	HH, JA, CAT-MH	S15_1, S15_2, S15_3, S15_4	Incentive information	New	
155	HH, CAT-MH	S15b1	Email incentive payment	New	
156	HH, CAT-MH	S15b2	Email incentive payment	New	
157	HH, CAT-MH	S15c	Name incentive payment	New	
158	HH, CAT-MH	S15d	Address incentive payment	New	
159	HH, CAT-MH	S15e	Address new incentive payment	New	
160	HH, JA, CAT-MH	S16	END	New	
161	HH, CAT-MH	S17	Screener transition	New	
162	HH, CAT-MH	S17_a	Screener transition	New	
12. INTERVIEWR DEBRIEFING					
163		IDB0	Complete or breakoff	New	
164		IDB1	Mode of completion	Modified NSFG	
165		IDB2	Assistance during completion?	Modified NSFG	
166		IDB3	At home?	NSDUH	
167		IDB4	Where	NSDUH	
168		IDB5	Privacy	NSDUH	
169		IDB6	Who observed	NSDUH	
170		IDB6a	Type of influence	NSFG	
171		IDB7	Interview atmosphere	NSFG	
172		IDB8	Type of distractions/interruptions	NSFG	
173		IDB9	Attentiveness of respondent	NSFG	
174		IDB10	Upset respondent	NSFG	
175		IDB11	Trouble completing the interview and which	Modified NBS	
176		IDB13	See respondent's screen	Modified NSFG	
177		IDB14	Comments interview length	NSDUH	
178		IDB15	Anything else	NSDUH	
179		IDBBR1	Breakoff codes	Modified NBS	

SECTION 1: INTRODUCTION AND CONSENT

Spre PROGRAMMER, PLEASE PRELOAD

- WEB = YES/NO FROM SYSTEMS
- JA = YES/NO FROM SAMPLING
- HH = YES/NO FROM SAMPLING
- SAMPLINGFRACTION = # FROM SAMPLING
- STATE = FROM SAMPLING FOR JA ONLY
- COUNTY = FROM SAMPLING FOR JA ONLY
- TARGET RESPONDENT = FROM ROSTER (1st SELECTED PERSON WITHIN THE HOUSEHOLD)
- SELECTED2 = FROM ROSTER (2ND SELECTED PERSON WITHIN THE HOUSEHOLD)
- AGE FROM ROSTER: FOR TARGET RESPONDENT AND SELECTED2
- NAME FROM ROSTER: FOR TARGET RESPONDENT AND SELECTED2
- SEX FROM ROSTER: FOR TARGET RESPONDENT AND SELECTED2
- # OF INDIVIDUALS SELECTED FOR SCREENING FROM ROSTER
- EMAIL FROM ROSTER IF ROSTER R = SCREENING R
- TELEPHONE FROM ROSTER IF ROSTER R = SCREENING R
- LANGUAGE FROM ROSTER IF ROSTER R = SCREENING R
- ROSTER INCENTIVE PAID Y/N IF ROSTER R = SCREENING R
- ROSTERINCAMOUNT FROM ROSTER
- MODE IN WHICH ROSTER WAS COMPLETED IF ROSTER R = SCREENING R. WEB, TELEPHONE, MAIL, IN-PERSON
- ADDRESS FILL FROM SYSTEMS/ROSTER
- ROSTERPAYMENTINFO Y/N FROM ROSTER
- R30 FROM ROSTER
- INCENTIVES:
 - o ROSTERINCF2F = \$10
 - o ROSTERINC = \$10
 - o SCREENERINC = \$20
 - o CLINICALINC = \$30
 - o JASCREENERINC = "INTERVIEWER: PLEASE CHECK LOGISTICS PLAN FOR THIS [JAIL]"
- SCREENERRANDOMIZATION:
 - o PILOT: 100% CIDI;
 - o REPLICATE 2: 50:50
 - o REMAINDER: 100% CIDI

PROGRAMMER: SPANISH SCREENER IS HERE:

\\RTPNFIL02\mdps\Instrumentation\Screening\ScreeenerContent_20201012_PostAdvarra_ToProgrammi
ngTranslation_SPA.docx

[\\RTPNFIL02\mdps\Instrumentation\Screening\ScreeenerContent_20201123_PostAdvarra_ToProgrammi
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AND MOST RECENT VERSION

\\RTPNFIL02\mdps\Instrumentation\Screening\ScreeenerContent_20210119_PostAdvarra_ToProgrammi
ngTranslation_SPA.docx

Sscreen [IF MAIN SAMPLE RELEASE 2 & HH = YES] PROGRAMMER, PLEASE RANDOMLY ASSIGN
INDIVIDUAL TO CIDI OR CAT-MH SCREENER WITH THE FOLLOWING RATIO:
<SCREENERRANDOMIZATION>

PROGRAMMER BASED ON RANDOMIZATION GENERATE SCR = CIDI OR SCR = CAT-MH

INTERVIEWER: THIS RESPONDENT HAS BEEN ASSIGNED TO COMPLETE THE <IF SCR = CIDI:
CIDI><IF SCR = CAT-MH: CAT-MH> SCREENING INTERVIEW.

PROGRAMMER TIME STAMP SET: START

Sintro [IF (S17 = 1) | (TI ADMINISTERED & SCREENER RESPONDENT != ROSTER RESPONDENT) | (FI
ADMINISTERED & (SCREENER RESPONDENT != ROSTER RESPONDENT) | (SCREENER RESPONDENT
= ROSTER RESPONDENT & COMPLETE IN SEPARATE SESSION)))] <IF HH = YES: HELLO, MY NAME
IS [FI NAME] WITH RTI INTERNATIONAL. WE ARE CONDUCTING A NATIONWIDE STUDY
SPONSORED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION. YOU SHOULD HAVE RECEIVED A LETTER EXPLAINING THE STUDY. YOU HAVE
BEEN SELECTED TO PARTICIPATE IN A SCREENING SURVEY FOR THE NATIONAL STUDY OF
MENTAL HEALTH. THE SCREENING SURVEY WILL TAKE ABOUT 15 MINUTES TO COMPLETE AND
YOU WILL RECEIVE <SCREENERINC> FOR YOUR TIME.>

<IF JA = YES: HELLO, MY NAME IS [FI NAME] WITH RTI INTERNATIONAL. WE ARE CONDUCTING A
NATIONWIDE STUDY SPONSORED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION. YOU HAVE BEEN SELECTED TO PARTICIPATE IN A SCREENING SURVEY FOR
THE NATIONAL STUDY OF MENTAL HEALTH. THE SCREENING SURVEY WILL TAKE ABOUT 15
MINUTES TO COMPLETE <<JASCREENERINC>: IF INCENTIVES ARE ALLOWED IN THIS FACILITY
READ: AND YOU WILL RECEIVE "FILL INCENTIVE" FOR YOUR TIME>.>

[IF WEB & HH = YES | (TI ADMINISTERED & SCREENER RESPONDENT = ROSTER RESPONDENT)]
Thank you for agreeing to participate in the National Study of Mental Health screening survey.
The screening survey will take about 15 minutes to complete and you will receive a
<SCREENERINC> electronic pre-paid Visa or check for your time. Please click next to start the
screening survey.**

PROGRAMMER: INCLUDE FOR EVERY NEW SESSION THAT IS STARTED IN CASE OF
INTERRUPTIONS

Sopen [IF HH = YES & FI | TI ADMINISTERED & # OF INDIVIDUALS SELECTED FOR SCREENING = 2 &
BOTH INTERVIEWS ARE YET TO BE COMPLETED] INTERVIEWER: YOU WILL NEED TO SCREEN 2
INDIVIDUALS IN THIS HOUSEHOLD.

[IF TARGET RESPONDENT = YES & SELECTED2 != SCREENER COMPLETE] THE TARGET
RESPONDENT FOR THE SCREENING SURVEY YOU ARE ABOUT TO START IS: NAME: <NAME FOR

TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX FOR TARGET RESPONDENT>

[IF TARGET RESPONDENT = YES & SELECTED2 != SCREENER COMPLETE] AFTER COMPLETING THIS SCREENING SURVEY, YOU SHOULD COMPLETE THE NEXT SCREENING SURVEY IN THIS HOUSEHOLD WITH: NAME: <NAME FOR SELECTED2>, AGE: <AGE FOR SELECTED2 >, SEX: <SEX FOR SELECTED2>

[IF TARGET RESPONDENT = NO & TARGET RESPONDENT != SCREENER COMPLETE] THE TARGET RESPONDENT FOR THE SCREENING SURVEY YOU ARE ABOUT TO START IS: NAME: <NAME FOR SELECTED2>, AGE: <AGE FOR SELECTED2 >, SEX: <SEX FOR SELECTED2>

[IF TARGET RESPONDENT = NO & TARGET RESPONDENT != SCREENER COMPLETE] AFTER COMPLETING THIS SCREENING SURVEY, YOU SHOULD COMPLETE THE NEXT SCREENING SURVEY IN THIS HOUSEHOLD WITH: NAME: <NAME FOR TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX FOR TARGET RESPONDENT>

Sconf [IF FI|TI ADMINISTERED]

<IF HH = YES: INTERVIEWER CONFIRM THAT THE CORRECT RESPONDENT (NAME: <NAME FOR TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX OF TARGET RESPONDENT>) IS COMPLETING THE SCREENER.>

<IF JA = YES: INTERVIEWER CONFIRM INFORMATION PROVIDED ON THE FACILITY ROSTER [JAIL] WITH PERSON IN FRONT OF YOU>

- 1 YES – CORRECT RESPONDENT, CONTINUE
- 2 NO

PROGRAMMER IF Sconf = YES CONTINUE;

ELSE DISPLAY “INTERVIEWER, PLEASE IDENTIFY THE CORRECT RESPONDENT <IF HH = YES: (NAME: <NAME FOR TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX OF TARGET RESPONDENT>)><IF JA = YES: FROM THE FACILITY ROSTER>. IF THAT IS NOT POSSIBLE END THE INTERVIEW AND ASSIGN THE CORRESPONDING STATUS CODE.”

PROGRAMMER: INCLUDE FOR EVERY NEW SESSION THAT IS STARTED IN CASE OF INTERRUPTIONS

S1 [IF FI|TI ADMINISTERED AND ROSTER RESPONDENT = SCREENING RESPONDENT] INTERVIEWER: CONFIRM/SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW. THE ROSTER WAS COMPLETED IN <LANGUAGE>.

[IF FI|TI-ADMINISTERED AND ROSTER RESPONDENT != SCREENING RESPONDENT] INTERVIEWER: SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW ESTABLISHED DURING THE INITIAL CONTACT.

- 1 ENGLISH
- 2 SPANISH

[IF WEB ADMINISTERED & HH = YES] If you need to change the language of the survey between Spanish and English, please use the dropdown menu in the top right of the survey or press F3.

PROGRAMMER: IF WEB ADMINISTERED & ROSTER RESPONDENT = SCREENING RESPONDENT & LANGUAGE = ENGLISH, DISPLAY IN ENGLISH. IF WEB ADMINISTERED & ROSTER RESPONDENT = SCREENING RESPONDENT & LANGUAGE = SPANISH, DISPLAY IN SPANISH. IF WEB ADMINISTERED & ROSTER RESPONDENT != SCREENING RESPONDENT, DISPLAY IN QUESTION TEXT IN ENGLISH FOLLOWED BY SPANISH.

SSD1 [IF ROSTER RESPONDENT != SCREENING RESPONDENT | JA = YES | (AGE = MISSING)] We will start by asking you some background questions. How old are you?
 _____ years old (RANGE 1-110) **
 DK/REF

SSD1a [IF SSD1 < 18 | SSD1 > 65] Thank you for your willingness to participate, but we cannot interview anyone who is <IF SSD1 < 18: younger than 18><IF SSD1 > 65: older than 65> for this study.
 [PROGRAMMER: ROUTE THESE CASES TO S16]

SSD1b [IF SSD1 = DK/REF] Thank you for your willingness to participate, but we cannot interview you if we don't know how old you are.
 [PROGRAMMER: ROUTE THESE CASES TO S16]

S3a <IF FI ADMINISTERED & HH = YES: INTERVIEWER: NOTE THAT THE BLAISE INSTRUMENT AUTOMATICALLY STARTS THE AUDIO RECORDING OF THE CONSENT STATEMENT AND, IF APPLICABLE, THE PRACTICE SESSION>

PROGRAMMER: PLEASE START RECORDING THE CONSENT PROCESS AND, TURN RECORDINGS OFF AFTER

<IF FI ADMINISTERED & JA = YES: INTERVIEWER, PLEASE REVIEW THE LOGISTICS PLAN WHETHER RECORDINGS ARE ALLOWED IN THE FACILITY YOU ARE IN. IF YES, SELECT CONTINUE WITH RECORDING, IF NO, SELECT CONINTUE WITHOUT RECORDING.

- 1 CONTINUE WITH RECORDING
- 2 CONTINUE WITHOUT RECORDING

PROGRAMMER: PLEASE GENERATE RECALLOW = YES IF FI ADMINISTERED & JA = YES & S3a = 1 & ASK S3_rec. IF RECALLOW != YES DO NOT START RECORDING AND DO NOT ASK S3_rec.>

S3 [IF HH = YES] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM "1 Household Screening Informed Consent" HERE:
<\\RTPNFILO2\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE HOUSEHOLD POPULATION:

\\rtpnfil02\MDPS\Data_Collection_Household\Informed Consent\Programmed Versions\January2021\Ringeisen Screener ICF Pro00042170 Aug1320 approved toProgrammingTranslation Jan 0721 clean.pdf
\\rtpnfil02\MDPS\Data_Collection_Household\Informed Consent\Programmed Versions\January2021\Ringeisen Screener ICF Pro00042170 Aug1320 approved toProgrammingTranslation SPA Jan 0721 clean.pdf

[IF SCR = CIDI & JA = YES] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “2 Jail Screening Informed Consent” HERE:

<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER THIS WILL BE A JOB AID FOR THE FULL CONSENT FORM FOR THE JAIL POPULATION:

<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\Ringeisen Jail ICF Pro00042170 Aug1320 approved toProgrammingTranslation.docx>
<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\Ringeisen Jail ICF Pro00042170 Aug1320 approved toProgrammingTranslation SPA.docx>

PROGRAMMER USE S3_int FOR INTERVIEW CONSENT FOR BOTH POPULATIONS AS APPLICABLE. DO NOT DISPLAY S3_rec IF FI ADMINISTERED AND END CONSENT RECORDING AFTER CONSENT QUESTION.

S3b [IF S3_int = NO] Thank you for your willingness to participate, but we cannot interview you without your consent.

PROGRAMMER: THIS CONCLUDES THE INTERVIEW

S3c [IF FI ADMINISTERED & JA = YES & S3_rec = NO] PROGRAMMER, THE RESPONDENT DOES NOT WISH TO BE RECORDED; PLEASE TURN OFF THE RECORDING NOW

SOL1 [IF JA = YES] When were you admitted to this facility?

SOL1a. 2-DIGIT Month** : _____ [RANGE: 1 – 12] DK/REF

SOL1b. 2-DIGIT Day** : _____ [RANGE: 1 – 31] DK/REF

SOL1c. 4-DIGIT Year** : _____ [RANGE: 1915 – CURRENT YEAR]
DK/REF

[PROGRAMMER: CALCULATE LENGTH OF STAY; USE THE 15TH IF SOL1b = DK/REF]

SOL2 [IF SOL1a = DK/REF AND SOL1c != DK/REF] What time of year was it? Was it winter, spring, summer, or fall when you were admitted to this facility?

1 Winter**

2 Spring**

3 Summer**

4 Fall**

DK/REF

PROGRAMMER: CALCULATE LENGTH OF STAY. FOR WINTER USE JANUARY AS THE MONTH; FOR SPRING APRIL, FOR SUMMER JULY, FOR FALL OCTOBER

PROGRAMMER: IF SOL2 = DK/REF & (SOL1c = CURRENT YEAR OR CURRENT YEAR – 1) then “LENGTH OF STAY IN MONTHS” = 11 (Less than 12 months)

IF SOL2 = DK/REF & (SOL1c >= CURRENT YEAR -2) then “LENGTH OF STAY IN MONTHS” = 12* (CURRENT YEAR – SOL1c) (More than 12 months)

SFIID3 [IF FI|TI ADMINISTERED] PROGRAMMER PLEASE ASSIGN THE INTERVIEW ADMINISTRATION MODE

- 1 TELEPHONE
- 2 IN-PERSON AND SELF ADMINISTERED

[IF JA = YES] INTERVIEWER: IF JA = YES IN-PERSON AND INTERVIEWER ADMINISTERED ONLY
PROGRAMMER: INCLUDE FOR EVERY NEW SESSION THAT IS STARTED IN CASE OF INTERRUPTIONS

PROGRAMMER: REASSIGN SCR = CIDI IF SFIID3 = 1 & HH = YES

NOTE: OPTION 3 (IN-PERSON AND INTERVIEWER ADMINISTERED) WAS REMOVED ON 4/26 AND WAS NEVER IN EFFECT. SIMILAR TO THE SELF-ADMINISTRATION TUTORIAL WHICH WAS REMOVED ON 4/26.

SFIID3a [IF FI-ADMINISTERED SCR = CAT-MH] PROGRAMMER INSTRUCTION – AUTOMATICALLY ASSIGN 1 ONLINE / 2 OFFLINE STATUS BASED ON INTERVIEWER TABLET CONNECTIVITY

PROGRAMMER: IF SFIID3a = 1 & SCR = CAT-MH & CAPI APP = NO CONTINUE WITH SCR = CAT-MH; ELSE REASSIGN CASE TO SCR = CIDI

SI1 [IF SFIID3 = 2] You will complete the rest of this interview on your own using this tablet.

INTERVIEWER: PLEASE HAND THE TABLET TO THE RESPONDENT. PROGRAMMER TIME STAMP SET:
INTRO

SSD2 [IF (ROSTER RESPONDENT != SCREENING RESPONDENT) | (SEX = MISSING)] What is your sex?

- 1 Male**
 - 2 Female**
- DK/REF

SCAT1 [IF (ROSTER RESPONDENT != SCREENING RESPONDENT & SCR = CAT-MH & SSD2 = FEMALE & SSD1 = 18 – 44) | (ROSTER RESPONDENT = SCREENING RESPONDENT & SCR = CAT-MH & SEX = FEMALE AND AGE = 18-44)] <IF ROSTER RESPONDENT = SCREENING RESPONDENT: We will start by asking you some background questions.> Are you currently pregnant or did you give birth in the past 6 weeks, that is since <FILL DATE>?

- 1 Yes**
- 2 No**

DK/REF

SSF1 This question is about your overall health. Would you say your health in general is:

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

DK/REF

CATMHIntro [IF SCR = CAT-MH & (WEB = YES | SFID3 = 2)] When you click Next you will be redirected to the “Computerized Adaptive Testing Mental Health” (CAT-MH) website to complete the next part of the screening survey. The CAT-MH website is hosted by Adaptive Testing Technologies and use of the CAT-MH website is governed by the terms of service that you can access [here](#).

By clicking on “Next” you agree to the terms of service.

After you complete the CAT-MH you will be automatically redirected back to this site to complete the rest of the screening survey and receive your <SCREENERINC>.

Please click “Next” to begin the CAT-MH.

PROGRAMMER: IF SCR = CIDI OR JA = YES CONTINUE; IF SCR = CAT-MH SWITCH TO CAT-MH; SPECIFICALLY, SWITCH TO CAT-MH PREGNANCY IF SCAT1 = 1; ELSE SWITCH TO NORMAL CAT-MH MODULE

CATMHfinish1 [IF CAT-MH Sign off] Please select “Continue” and click “Next” to finish the survey.

- 1 Continue

CATMHfinish2 [IF CATMHfinish1 = NEXT] It looks like you have not yet completed all of the questions at the CAT-MH website. What would you like to do ...

- 1 Go to the CAT-MH website and finish those questions, or
- 2 Continue without answering the remaining CAT-MH questions?

DK/REF

CATMHfinish3 [IF CATMHfinish2 = 1] When you click “Next” you will be redirected to the CAT-MH website.

PROGRAMMER: PLEASE LAUNCH CAT-MH IF CATMHfinish2 = 1; ELSE RETURN TO BLAISE PORTION

SECTION 2: DEPRESSION

PROGRAMMER TIME STAMP SET: DEPRESSION

SMDD1 The next questions are about emotional difficulties you might have experienced at some time in the past year.

Almost everyone has times when they feel sad, depressed, or discouraged about how things are going in their life. Think about a time in **the past 12 months** lasting 2 weeks or longer when you had the strongest feelings of this sort. During **those 2 weeks**, how often did you have each of the following feelings?

If you are one of the few people that never had such times, <IF SFID3 = 2 | (WEB = YES & HH = YES): mark> <IF SFID3 = 1|3: tell me> “none of the time” to all the following questions.

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Felt sad or depressed	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. Felt discouraged about how things were going in your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Took little or no interest or pleasure in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt down on yourself, no good, or worthless DK/REF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[MOBILE ONLY: AFTER FIRST SCREEN, USE THE FOLLOWING ABBREVIATED QUESTION TEXT: During **those 2 weeks**, how often did you have each of the following feelings?]

DEFINE DEPCIDI

IF (SMDD1a OR SMDD1c = 3 OR 4) AND (AT LEAST THREE OF SMDD1a OR SMDD1b OR SMDD1c OR SMDD1d = 3 OR 4), THEN DEPCIDI = 2

ALL ELSE, DEPCIDI = 3

SECTION 3: GAD

PROGRAMMER TIME STAMP SET: GAD

SGAD1 Think about a time lasting 6 months or longer in **the past 12 months** when you had the strongest feelings of worry and anxiety. During **those 6 months**, how often did you have each of the following feelings?

	Just about every day	More days than not	1-3 days a week	Less than 1 day a week	Never
a. You felt worried or anxious	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
b. You worried about a number of different things in your life, such as your work, family, health, or finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You felt more worried than other people in your same situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You had trouble controlling your worry DK/REF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[MOBILE ONLY: AFTER FIRST SCREEN, USE THE FOLLOWING ABBREVIATED QUESTION TEXT: During **those 6 months**, how often did you have each of the following feelings?]

DEFINE GADCIDI

IF (SGAD1a OR SGAD1b OR SGAD1c OR SGAD1d = 4) AND (SGAD1a AND SGAD1b AND SGAD1c AND SGAD1d = 3 OR 4), THEN GADCIDI = 2

ALL ELSE, GADCIDI = 3

SECTION 4: MANIA/HYPOMANIA

PROGRAMMER TIME STAMP SET: MANIA

SCI1 The next question is about whether you **ever in your life had an episode lasting 4 days or longer** when your mood was either much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things.

During these episodes, people are often much more excitable than usual or are extremely self-confident or optimistic. They often do things they would normally not do. And this sometimes gets them into trouble or puts them at risk of trouble.

With this definition in mind, did you ever in your life have an episode of this sort lasting **4 days or longer**?

1 Yes**

2 No**

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SCI2 [IF SCI1 = YES] What is the longest episode of this sort you ever had in your life?

1 4 to 7 days

2 8 to 14 days

3 More than 14 days

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

DEFINE MANCIDI

IF SCI2 = 2 OR 3, THEN MANCIDI = 2

IF SCI2 = 1, THEN MANCIDI = 2

ALL ELSE, MANCIDI = 3

SECTION 5: PTSD

PROGRAMMER TIME STAMP SET: PTSD

SPC1 Many people have extremely stressful experiences that affect them psychologically for many years. Think of a time lasting **1 month or longer** in the **past 12 months** when you had the most severe reactions to such an extremely stressful experience. During that month, how much were you bothered by each of the following problems:

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. Suddenly feeling or acting as if the stressful experience were actually happening again – as if you were actually back there reliving it?	4○	3○	2○	1○	0○
b. Avoiding external reminders of the stressful experience, for example, people, places, conversations, activities, objects, or situations?	○	○	○	○	○
c. Feeling emotionally distant or depressed?	○	○	○	○	○
d. Irritable behavior, angry outbursts, or acting aggressively? DK/REF	○	○	○	○	○

[MOBILE ONLY: AFTER FIRST SCREEN, USE THE FOLLOWING ABBREVIATED QUESTION TEXT: During that month, how much were you bothered by each of the following problems?]

DEFINE PTSDCIDI

IF THE SUM OF SPC1a AND SPC1b AND SPC1c AND SPC1d \geq 6, THEN PTSDCIDI = 2

ALL ELSE, PTSDCIDI = 3

SECTION 6: SUBSTANCE ABUSE

PROGRAMMER TIME STAMP SET: SUBSTANCE

SAU1 [IF HH = YES] The following questions are about drinking alcohol. During the past 12 months, how often did you have a drink containing alcohol?

- 1 Never
 - 2 Once a month or less often
 - 3 2 to 4 times a month
 - 4 2 to 3 times a week
 - 5 4 times a week or more
- DK/REF

SAU2 [IF HH = YES & SAU1 != NEVER] During the past 12 months, how many drinks containing alcohol did you have on a typical day when you drank?

- 1 1 or 2
 - 2 3 or 4
 - 3 5 or 6
 - 4 7 to 9
 - 5 10 or more
- DK/REF

SDA1 [IF HH = YES] These next questions are about drug use. "Drug use" refers to:

- Use of marijuana or cannabis,
- illegal drug use,
- use of prescribed drugs without your own prescription, and
- use of prescribed drugs in greater amounts, more often, or longer than you were told to take them.

[IF (SFIID3 = 2 | WEB = YES) & HH = YES] The various classes of drugs include cannabis (marijuana, hashish), cocaine, methamphetamine, heroin, fentanyl, hallucinogens (such as LSD), and prescription medications such as benzodiazepines (such as Xanax, Ativan), stimulants (such as Ritalin, Adderall) and opioids (such as hydrocodone, oxycodone).

[IF SFIID3 = 1 | 3 & HH = YES] The various classes of drugs include cannabis, which includes marijuana and hashish, cocaine, methamphetamine, heroin, fentanyl, hallucinogens, such as LSD, and prescription medications such as benzodiazepines – such as Xanax or Ativan – stimulants – such as Ritalin or Adderall – and opioids – such as hydrocodone or oxycodone.

SDU1 [IF HH = YES] During the past 12 months, how often did you use drugs other than alcohol?

- 1 Never
 - 2 Once a month or less often
 - 3 2 to 4 times a month
 - 4 2 to 3 times a week
 - 5 4 times a week or more
- DK/REF

SDU2 [IF HH = YES & SDU1 != NEVER] During the past 12 months, how often were you influenced heavily by drugs other than alcohol?

- 1 Never
 - 2 Less often than once a month
 - 3 Every month
 - 4 Every week
 - 5 Daily or almost daily
- DK/REF

DEFINE ALCCIDI

IF SAU1 = 5 AND (SAU2 = 3 OR 4 OR 5), THEN ALCCIDI = 2

ALL ELSE, ALCCIDI = 3

DEFINE DRUGCIDI

IF SDU1 = 5 AND (SDU2 = 4 OR 5), THEN DRUGCIDI = 2

ALL ELSE, DRUGCIDI = 3

SECTION 7: PSYCHOSIS

PROGRAMMER TIME STAMP SET: PSYCHOSIS

SCI3 The next questions are about unusual experiences, like seeing visions or hearing voices. Recent research suggests that they are common and may be normal, but we do not know exactly how common because this is the first large-scale survey to ask about them comprehensively. So please take your time and think carefully before answering the following questions.

Please **do not** count times you had these experiences when you were having a fever, dreaming, half-asleep, or under the influence of alcohol or drugs.

Not counting those things, did you ever in your life have any of the following experiences?

	Yes**	No**
a. The first one is seeing a vision that other people said was not there like a face, an animal, a figure, or colors. Remember not to count times when you were having a fever, dreaming, half-asleep or under the influence of alcohol or drugs. Did you ever see a vision at any other time?	<input type="radio"/>	<input type="radio"/>
b. Did you ever hear voices that other people did not hear like voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around?	<input type="radio"/>	<input type="radio"/>
c. Did you ever believe that some mysterious force was inserting thoughts that were definitely not your own thoughts, directly into your head by means of x-rays, laser beams, or other methods?	<input type="radio"/>	<input type="radio"/>
d. Did you ever believe your thoughts were being stolen out of your mind by some force?	<input type="radio"/>	<input type="radio"/>
e. Did you ever think your mind was being taken over by forces with laser beams or other methods that were making you do things you did not choose to do?	<input type="radio"/>	<input type="radio"/>
f. Did you ever think some force was trying to communicate directly with you by sending special signs or signals, like through the radio or television, that you could understand but that no one else could understand?	<input type="radio"/>	<input type="radio"/>
g. Did you ever believe there was a plot to harm you or to have people follow you, but your friends or family did not think this was true?	<input type="radio"/>	<input type="radio"/>

DK/REF

[MOBILE ONLY: AFTER FIRST SCREEN, USE THE FOLLOWING ABBREVIATED QUESTION TEXT: Not counting times when you were having a fever, dreaming, half-asleep, or under the influence of alcohol or drugs, did you ever in your life have any of the following experiences?]

DEFINE PSYCIDI

IF SCI3b OR SCI3c OR SCI3d OR SCI3e OR SCI3f OR SCI3g = YES, THEN PSYCIDI = 1
IF (SCI3b AND SCI3c AND SCI3d AND SCI3e AND SCI3f AND SCI3g != YES) AND SCI3a = YES, THEN PSYCIDI
= 2
ALL ELSE, PSYCIDI = 3

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR
GENERIC ONE: This question is important for classification purposes. Please try to answer if you can.
Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF
IS SELECTED: "This question is important for classification purposes. Please try to answer if you can.
OTHERWISE SELECT 'SKIP' TO CONTINUE."

SECTION 8: HEALTH AND HEALTH CARE

PROGRAMMER: IF SCR = CIDI | JA = YES CONTINUE; IF SCR = CAT-MH SWITCH BACK AT THE END OF THE CAT-MH TO BLAISE AND CONTINUE HERE

PROGRAMMER: PLEASE USE THE FOLLOWING FOR THE CAT-MH

DEPRESSION:	TEST-TYPE = p-dep OR dep
ANXIETY:	TEST-TYPE = p-anx OR anx
MANIA/HYPOMANIA:	TEST-TYPE = p-m/mh OR m/mh
PTSD:	TEST-TYPE = ptsd
SUD:	TEST-TYPE = sud
PSYCHOSIS:	TEST-TYPE = psy-s

PROGRAMMER: IF SCR = CAT-MH DEFINE RISK VARIABLES AS FOLLOWS:

DEFINE DEPCATMH

IF DEPRESSION = SEVERE OR MODERATE, THEN DEPCATMH = 2
ALL ELSE, DEPCATMH = 3

DEFINE GADCATMH

IF ANXIETY = SEVERE OR MODERATE, THEN GADCATMH = 2
ALL ELSE, GADCATMH = 3

DEFINE MANCATMH

IF MANIA/HYPOMANIA = SEVERE, THEN MANCATMH = 2
IF MANIA/HYPOMANIA = MODERATE, THEN MANCATMH = 2
ALL ELSE MANCATMH = 3

DEFINE PTSDCATMH

IF PTSD = DEFINITE OR HIGHLY LIKELY, THEN PTSDCATMH = 2
ALL ELSE PTSDCATMH = 3

DEFINE SUDCATMH

IF SUD = HIGH RISK OR INTERMEDIATE RISK, THEN SUDCATMH = 2
ALL ELSE SUDCATMH = 3

DEFINE PSYCATMH

IF PSYCHOSIS = SEVERE, THEN PSYCATMH = 1
IF PSYCHOSIS = MODERATE, THEN PSYCATMH = 2
ALL ELSE PSYCATMH = 3

PROGRAMMER TIME STAMP SET: HEALTH

The next few questions are about your health and health care.

SH1 Are you currently covered by any kind of health insurance, that is, any policy or program that provides or pays for medical care?

1 Yes**

2 No**
DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SH2 [IF SFIID3 = 2 | (WEB = YES & HH = YES)] Are you currently receiving disability benefits such as SSI (Supplemental Security Income), SSDI (Social Security Disability Insurance), or disability benefits from the VA (U.S. Department of Veterans Affairs)?
[IF SFIID3 = 1 | 3] Are you currently receiving disability benefits such as Supplemental Security Income or SSI, Social Security Disability Insurance or SSDI, or disability benefits from the U.S. Department of Veterans Affairs or VA?
1 Yes**
2 No**
DK/REF

SH3 [IF SH2 = 1] Are you currently receiving disability benefits for:

	Yes**	No**
a. Problems with emotions, nerves, or mental health?	<input type="radio"/>	<input type="radio"/>
b. Problems with your physical health?	<input type="radio"/>	<input type="radio"/>

DK/REF

SH4 [IF SH3a = 1] Which of the following mental health problems are reasons for your disability:

	Yes**	No**
a. Depression	<input type="radio"/>	<input type="radio"/>
b. Bipolar disorder	<input type="radio"/>	<input type="radio"/>
c. Post-traumatic stress disorder	<input type="radio"/>	<input type="radio"/>
d. Schizophrenia or schizoaffective disorder	<input type="radio"/>	<input type="radio"/>
e. Any other mental health problem	<input type="radio"/>	<input type="radio"/>

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SH5 Below is a list of health conditions. Have you ever been told by a doctor or other health care professional that you had any of these conditions?

	Yes**	No**
a. Diabetes	<input type="radio"/>	<input type="radio"/>
b. Heart problems	<input type="radio"/>	<input type="radio"/>
c. Cancer	<input type="radio"/>	<input type="radio"/>
d. Any other life-threatening or seriously impairing physical health problem	<input type="radio"/>	<input type="radio"/>
e. Depression	<input type="radio"/>	<input type="radio"/>
f. Mania, manic-depression, or bipolar disorder	<input type="radio"/>	<input type="radio"/>
g. Schizophrenia or schizoaffective disorder	<input type="radio"/>	<input type="radio"/>
h. Any other seriously impairing emotional health problem	<input type="radio"/>	<input type="radio"/>

DK/REF

[MOBILE ONLY: AFTER FIRST SCREEN, USE THE FOLLOWING ABBREVIATED QUESTION TEXT: Have you ever been told by a doctor or other health care professional that you had any of these conditions?]

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SH6 The next question asks about your height. About how tall are you, without shoes? Please <IF SFIID3 = 2 | (WEB = YES & HH = YES): enter> <IF SFIID3 = 1|3: tell me> your height in feet and inches.

_____feet** [RANGE: 2-8]

_____inch(es)** [RANGE: 0-11]

DK/REF

PROGRAMMER IF OUTSIDE OF FEET RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your response for height in feet is out of range. Please enter your height in feet using a number between 2 and 8.

PROGRAMMER IF OUTSIDE OF INCHES RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your response for height in inches is out of range. Please use a number between 0 and 11 to specify inches.

SH7 And, about how much do you weigh in pounds?

_____pounds** [RANGE: 40-999]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR
MESSAGE AND LEAD BACK TO QUESTION: Your response is out of range. Please
enter a number between 40 and 999.

PROGRAMMER: CALCULATE BMI = $703 * (\text{weight (lbs)} / (\text{height (in)})^2)$

SH8a Now I have a few questions about your personal experiences with the Coronavirus Disease 2019 pandemic, also referred to as COVID-19. Since the beginning of the COVID-19 pandemic,

... did you think or know that you had COVID-19?

- 1 Yes**
- 2 No**
- DK/REF

SH8b [IF SH8a = YES] *Since the beginning of the COVID-19 pandemic, ***

... at any time, did you test positive for the COVID-19 virus or for COVID-19 antibodies?

- 1 Yes**
- 2 No**
- DK/REF

SH8c [IF SH8b = YES] *Since the beginning of the COVID-19 pandemic, ***

... were you yourself hospitalized due to COVID-19?

- 1 Yes**
- 2 No**
- DK/REF

SH8d *Since the beginning of the COVID-19 pandemic, ***

... was someone in your immediate family or close friend(s) hospitalized due to COVID-19?

- 1 Yes**
- 2 No**
- DK/REF

PROGRAMMER: PLEASE INSERT A CHECK BOX FOR 'Does not apply'**

SH8e *Since the beginning of the COVID-19 pandemic, ***

... did someone in your immediate family or close friend(s) die due to COVID-19?

- 1 Yes**
- 2 No**
- DK/REF

PROGRAMMER: PLEASE INSERT A CHECK BOX FOR 'Does not apply'**

SH9 How much, if at all, has the coronavirus pandemic negatively affected your emotional or mental health?

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

SH10 [IF HH = YES & ((SCR = CIDI & SAU1 != NEVER) | (SCR = CAT – MH & ALCOHOL != 0))] How much, if at all, has the coronavirus pandemic affected the amount of alcohol you drink?

- 1 I drink **much less** than I did before the coronavirus pandemic began
 - 2 I drink a **little less** than I did before the coronavirus pandemic began
 - 3 I drink **about the same** amount as I did before the coronavirus pandemic began
 - 4 I drink a **little more** than I did before the coronavirus pandemic began
 - 5 I drink **much more** than I did before the coronavirus pandemic began
- DK/REF

SH11 [IF HH = YES & ((SCR = CIDI & SDU1!= NEVER) | (SCR = CAT – MH & SEDATIVES/HYPNOTICS != 0 | OPIOIDS/ANALGESICS != 0 | HEROIN/METHADONE != 0 | COCAINE/AMPHETAMINES != 0 | MARIJUANA != 0))] How much, if at all, has the coronavirus pandemic affected your use of drugs other than alcohol?

[IF (SFIID3 = 2 | WEB = YES) & HH = YES] By drugs we mean various classes of drugs including cannabis (marijuana, hashish), cocaine, methamphetamine, heroin, fentanyl, hallucinogens (such as LSD), and use of prescription medications that you took without your own prescription or in greater amounts, more often or for longer than you were told to take them. These prescription medications include benzodiazepines (such as Xanax, Ativan), stimulants (such as Ritalin, Adderall) and opioids (such as hydrocodone, oxycodone).

[IF SFIID3 = 1 | 3 & HH = YES] By drugs we mean various classes of drugs including cannabis, which includes marijuana and hashish, cocaine, methamphetamine, heroin, fentanyl, hallucinogens, such as LSD, and use of prescription medications that you took without your own prescription or in greater amounts, more often or for longer than you were told to take them. These prescription medications include benzodiazepines – such as Xanax or Ativan – stimulants – such as Ritalin or Adderall – and opioids – such as hydrocodone or oxycodone.

- 1 I use **much less** than I did before the coronavirus pandemic began
 - 2 I use a **little less** than I did before the coronavirus pandemic began
 - 3 I use **about the same** amount as I did before the coronavirus pandemic began
 - 4 I use a **little more** than I did before the coronavirus pandemic began
 - 5 I use **much more** than I did before the coronavirus pandemic began
- DK/REF

DEFINE HLTHCIDI

IF SH4d OR SH5g = YES, THEN HLTHCIDI = 1

IF (SH4a OR SH4b OR SH4c OR SH4e = YES) OR (SH5e OR SH5f OR SH5h = YES) OR (AGE < 40 AND BMI < 17 AND SH5c = NO AND (SMDD1a ≥ 2 OR SMDD1b ≥ 2 OR SMDD1c ≥ 2 OR SMDD1d ≥ 2 OR SGAD1a ≥ 3 OR SGAD1b ≥ 3 OR SGAD1c ≥ 3 OR SGAD1d ≥ 3)), THEN HLTHCIDI = 2
ALL ELSE, HLTHCIDI = 3

NOTE: IF BMI IS MISSING ASSIGN TO TIER 3. BMI WAS ACCIDENTALLY CODED AS "0" IF ONLY SH6 WAS DK/REF AND AS SUCH INDIVIDUALS WERE ERRONEOUSLY CODED TO TIER 2 (IF ALL OTHER ANOREXIA CONDITIONS WERE MET AND NOTHING ELSE APPLIED; IF SH7 WAS DK/REF BMI WAS CORRECTLY SET TO MISSING). THIS WAS CORRECTED AS OF 5/3/2021 AT 4:11 EDT AND IS NO ISSUE FOR HLTHCATMH.

DEFINE HLTHCATMH

IF SH4d OR SH5g = YES, THEN HLTHCATMH = 1

IF (SH4a OR SH4b OR SH4c OR SH4e = YES) OR (SH5e OR SH5f OR SH5h = YES) OR (AGE < 40 AND BMI < 17 AND SH5c = NO AND ((ANXIETY = MODERATE OR SEVERE) OR (DEPRESSION MODERATE OR SEVERE))), THEN HLTHCATMH = 2

ALL ELSE, HLTHCATMH = 3

DEFINE PARTIALCOMPLETE

IF HEALTH AND HEALTH CARE SECTION = COMPLETE, THEN PARTIALCOMPLETE = YES

ALL ELSE, PARTIALCOMPLETE = NO

S4 NOTE: THE DIAGNOSIS AND STRATA DEFINITIONS ENCOMPASS ALL POSSIBLE DISORDERS AT ALL LEVELS EVEN IF THEY HAVE NOT BEEN DEFINED ABOVE (E.G., DEPCIDI = 1). THIS GIVES US MAXIMUM FLEXIBILITY SHOULD WE NEED TO ADJUST ANYTHING IN THE GENERATION OF THE DISORDERS ABOVE. AT THIS POINT THEY JUST EVALUATE AS FALSE AND ARE ULTIMATELY IGNORED IN THE BELOW.

DEFINE CIDIDIAGNOSIS

IF (DEPCIDI = 1 OR 2) OR (GADCIDI = 1 OR 2) OR (MANCIDI = 1 OR 2) OR (PTSDCIDI = 1 OR 2) OR (ALCCIDI = 1 OR 2) OR (DRUGCIDI = 1 OR 2) OR (PSYCIDI = 1 OR 2) OR (HLTHCIDI = 1 OR 2), THEN CIDIDIAGNOSIS = YES

ALL ELSE, CIDIDIAGNOSIS = NO

DEFINE CATMHDIAGNOSIS

IF (DEPCATMH = 1 OR 2) OR (GADCATMH = 1 OR 2) OR (MANCATMH = 1 OR 2) OR (PTSDCATMH = 1 OR 2) OR (SUDCATMH = 1 OR 2) OR (PSYCATMH = 1 OR 2) OR (HLTHCATMH = 1 OR 2), THEN CATMHDIAGNOSIS = YES

ALL ELSE, CATMHDIAGNOSIS = NO

DEFINE STRATA

IF DEPCIDI = 1 OR GADCIDI = 1 OR MANCIDI = 1 OR PTSDCIDI = 1 OR ALCCIDI = 1 OR DRUGCIDI = 1 OR PSYCIDI = 1 OR HLTHCIDI = 1, THEN STRATA = 1

IF DEPCATMH = 1 OR GADCATMH = 1 OR MANCATMH = 1 OR PTSDCATMH = 1 OR SUDCATMH = 1 OR PSYCATMH = 1 OR PSYCATMH = 2 OR HLTHCATMH = 1, THEN STRATA = 1

IF DEPCIDI = 2 OR GADCIDI = 2 OR MANCIDI = 2 OR PTSDCIDI = 2 OR ALCCIDI = 2 OR DRUGCIDI = 2 OR PSYCIDI = 2 OR HLTHCIDI = 2, REPLACE STRATA = 2 IF STRATA != 1

IF DEPCATMH = 2 OR GADCATMH = 2 OR MANCATMH = 2 OR PTSDCATMH = 2 OR SUDCATMH = 2 OR HLTHCATMH = 2, REPLACE STRATA = 2 IF STRATA != 1

IF DEPCIDI = 3 OR GADCIDI = 3 OR MANCIDI = 3 OR PTSDCIDI = 3 OR ALCCIDI = 3 OR DRUGCIDI = 3 OR PSYCIDI = 3 OR HLTHCIDI = 3, REPLACE STRATA = 3 IF STRATA != (1 | 2)

IF DEPCATMH = 3 OR GADCATMH = 3 OR MANCATMH = 3 OR PTSDCATMH = 3 OR SUDCATMH = 3 OR PSYCATMH = 3 OR HLTHCATMH = 3, REPLACE STRATA = 3 IF STRATA != (1 | 2)

IF (STRATA = 1 & HH = YES) | (JA = YES) THEN SELECT 100% SAMPLINGFRACTION

IF STRATA = 2 & HH = YES THEN SELECT 80% SAMPLINGFRACTION

IF STRATA = 3 & HH = YES THEN SELECT 20% SAMPLINGFRACTION

DEFINE UNBLINDMDE

IF (SCR = CIDI AND (SMDD1a OR SMDD1c = 3 OR 4)) OR (SCR = CAT-MH AND (DEPRESSION = MODERATE OR SEVERE)), THEN UNBLINDMDE = YES; ELSE UNBLINDMDE = NO

DEFINE UNBLINDMANIA

IF (SCR = CIDI AND SCI1 = 1) OR (SCR = CAT-MH AND (MANIA/HYPOMANIA = MODERATE OR SEVERE)), THEN UNBLINDMANIA = YES; ELSE UNBLINDMANIA = NO

DEFINE UNBLINDPSYCHOS1

IF (SH5g = 1), THEN UNBLINDPSYCHOS1 = YES; ELSE UNBLINDPSYCHOS1 = NO

DEFINE UNBLINDPSYCHOS2

IF (SH5g != 1 AND SH4d = 1), THEN UNBLINDPSYCHOS2 = YES; ELSE UNBLINDPSYCHOS2 = NO

DEFINE UNBLINDPSYCHOS3

IF (SCR = CIDI AND SH5g != 1 AND SH4d != 1 AND (SCI3a OR SCI3b OR SCI3c OR SCI3d OR SCI3e OR SCI3f = 1)) OR (SCR = CAT-MH AND SH5g != 1 AND SH4d != 1 AND (PSYCHOSIS = MILD TO MODERATE OR SEVERE)), THEN UNBLINDPSYCHOS3 = YES; ELSE UNBLINDPSYCHOS3 = NO

DEFINE UNBLINDGAD

IF (SCR = CIDI AND (SGAD1= 3 OR 4)) OR (SCR = CAT-MH (ANXIETY = MODERATE OR SEVERE)), THEN UNBLINDGAD = YES; ELSE UNBLINDGAD = NO

DEFINE UNBLINDPTSD

IF (SCR = CIDI AND (SPC1a OR SPC1b OR SPC1c OR SPC1d = 2 OR 3 OR 4)) OR (SCR = CAT-MH AND (PTSD = POSSIBLE OR DEFINITE OR HIGHLY LIKELY)), THEN UNBLINDPTSD = YES; ELSE UNBLINDPTSD = NO

PROGRAMMER INTERNAL NOTE ONLY REGARDING THE TIERS [IF SCR = CIDI]

TIER 1 (HIGH PRIORITY DISORDER):

Psychosis: SCI3 Yes to at least 1 item in B thru G

Health: SH4 – Yes to d; SH5 – Yes to g

TIER 2 (ANY DISORDER):

Depression: 3 of the 4 items must be at least most of the time and the three items must include one or both of items A and C

GAD: Must have at least 1 item at the “just about every day” level and the other 3 items at least at the “more days than not” level

Mania/Hypomania: If SCI2 = 4 days or longer

PTSD: SPC1, a score of 6 or more summed across all items (where not at all = 0; a little bit = 1; moderately = 2; quite a bit = 3; and extremely = 4)

Alcohol: SAU1 = category 5 (4 or more times a week) and SAU2 = category 3 or higher (5 drinks or more)

Drugs: SDU1 = category 5 (4 times a week or more) and SDU2 = category 4 or 5 (every week or more)

Psychosis: SCI3 Yes to **only** item A

Health:

- SH4 Any other item(s) = yes except d;
- SH5 Yes to e, f or h;
- SH6/SH7 – If respondent is younger than 40 and BMI is less than 17 and SH5c = NO and at least (“some of the time” in one of the questions on the GAD scale or the MDE scale). Update from Mark, go with 3 “3. More days than not” for GAD.

And not already in tier 1.

TIER 3 (NO DISORDER):

Everyone who does not meet Tier 1 or Tier 2 requirements.

PROGRAMMER INTERNAL NOTE ONLY REGARDING THE TIERS [IF SCR = CAT-MH]

TIER 1 (HIGH PRIORITY DISORDER):

Psychosis: Severe or moderate

Health: SH4 – Yes to d; SH5 – Yes to g

TIER 2 (ANY DISORDER):

Depression: moderate or severe

Anxiety: moderate or severe

Mania/hypomania: moderate or severe

PTSD: definite or highly likely

SUD: intermediate or high risk

Psychosis: There will be no CAT-MH Psychosis cases assigned to Tier 2

Health:

- SH4 Any other item(s) = yes except d;
- SH5 Yes to e, f or h [diagnosed depression, mania, other seriously impairing emotional health problem];
- SH6/SH7 – If respondent is younger than 40 and BMI is less than 17 and ((anxiety moderate or severe) or (depression moderate or severe))

TIER 3 (NO DISORDER):

Everyone who does not meet Tier 1 or Tier 2 requirements.

SECTION 9: SOCIO-DEMOGRAPHICS

PROGRAMMER TIME STAMP SET: DEMOGRAPHICS

SSD3 We now have a few more background questions about yourself.

Are you now married, widowed, divorced, separated, or have you never married?

- 1 Now married**
 - 2 Widowed**
 - 3 Divorced**
 - 4 Separated**
 - 5 Never married**
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SSD3a [IF SSD3 != 1] Are you now living with a partner?

- 1 Yes**
 - 2 No**
- DK/REF

SSD4 Are you of Hispanic, Latino or Spanish origin?

That is, do any of these groups describe your national origin or ancestry—Puerto Rican, Cuban, Cuban-American, Mexican, Mexican-American, Chicano, Central or South American, or origin in some other Spanish-speaking country?

- 1 Yes**
 - 2 No**
- DK/REF

S2 [IF SSD4 = 1] Do you speak Spanish only, mostly Spanish with some English, Spanish and English about the same, mostly English with some Spanish, or English only?

- 1 Spanish only**
 - 2 Mostly Spanish, but some English **
 - 3 Spanish and English about the same**
 - 4 Mostly English, but some Spanish **
 - 5 English only**
- DK/REF

SSD5 Are you White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Asian? *Please mark all that apply.*

- White**
 - Black or African American**
 - American Indian or Alaska Native**
 - Native Hawaiian or Other Pacific Islander**
 - Asian**
- DK/REF

SSD6 What is the highest grade or level of school you have completed? <IF SFID3 = 3: Just give me the number from the card.>

If currently enrolled, <IF SFID3 = 2 | (WEB = YES & HH = YES): mark the><IF SFID3 = 1 | 3: please tell me your> previous grade or highest degree received.

- 1 Less than a high school diploma
- 2 High school degree or equivalent (for example: GED)
- 3 Some college, no degree
- 4 Associate degree (for example: AA, AS)
- 5 Bachelor's degree (for example: BA, BS)
- 6 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- 7 Professional degree (for example: MD, DDS, DVM, LLB, JD)
- 8 Doctorate degree (for example: PhD, EdD)

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SSD7 Are you currently attending a college, university, or trade school either full-time or part-time?

If you are on a holiday or break from school, such as spring break or summer vacation, but plan to return when the break is over, please answer yes.

- 1 Yes**
- 2 No**

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SSD7a [IF SSD7 = YES] How long ago did you first enroll at this college, university, or trade school? If you transferred to your current institution directly from another college or university, please include that time. Was that ...

- 1 Within the past 12 months, or
 - 2 More than 12 months ago
- DK/REF

SSD7b [IF SSD7 = YES] Do you **currently** live in college-owned housing on campus, such as a dorm or a residence hall?

- 1 Yes**
 - 2 No**
- DK/REF

SSD7e [IF SSD7b = NO] **At any time** <IF SSD7a = 1: since you enrolled as a student,><IF SSD7a = 2: during the past 12 months,> did you live in college-owned housing on campus, such as a dorm or a residence hall?

- 1 Yes**
 - 2 No**
- DK/REF

SSD7c [IF SSD7b = YES | SSD7e = YES] <IF SSD7a = 1: Since you enrolled as a student,><IF SSD7a = 2: During the past 12 months,> **did you mostly live** in college-owned housing on campus, such as a dorm or a residence hall?

- 1 Yes**
 - 2 No**
- DK/REF

SSD7d [IF SSD7c = NO | SSD7e = NO] You said you did not live on campus <IF SSD7c = NO: most of the time><IF SSD7e = NO: at any time><IF SSD7a = 1: since you enrolled><IF SSD7a = 2: during the past 12 months>. In what type of off-campus housing **did you mostly live in** during that time? Is that ...

- 1 Off-campus housing, owned or managed by the school,
 - 2 Off campus with relatives, such as parents or guardians, or
 - 3 Other off-campus housing?
- DK/REF

SSD8 Have you **ever** served in the United States Armed Forces?

- 1 Yes**
 - 2 No**
- DK/REF

SSD9 [IF SSD8 = YES] Are you currently serving on **active duty** in the United States Armed Forces?

- 1 Yes**
- 2 No**

DK/REF

SSD10 The next question is about working. **Last week**, did you work for pay at a job or business? By last week, I mean the week beginning on Sunday, <STARTDATE> and ending on Saturday, <ENDDATE>.

To view information about unpaid work please click on the question mark or press F2.**

- 1 Yes**
- 2 No – Did not work or are retired**

DK/REF

HELPTXT**:

- Please include
 - unpaid work in a family farm or business if you usually work more than 15 hours each week, or
 - personal labor you provide in exchange for work done for you, rather than for pay.
- Please **do not** include
 - work done as part of a student stipend, or
 - volunteer work.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue. **

[IF TI | FI ADMINISTERED] PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

SSD10a [IF SSD10 = NO] **Last week**, did you do **any** work for pay, even for as little as one hour?

- 1 Yes**
- 2 No**

DK/REF

SSD10b [IF SSD10a = NO] **Last week**, were you on layoff from a job?

- 1 Yes**
- 2 No**

DK/REF

SSD10c [IF SSD10b = NO] **Last week**, were you **temporarily** absent from a job or business, for example, because of vacation, temporary illness, maternity leave, other family or personal reasons, or bad weather?

- 1 Yes**
- 2 No**

DK/REF

SSD10d [IF SSD10b = YES] Have you been informed that you will be recalled to work within the next 6 months or been given a date to return to work?

- 1 Yes**
 - 2 No**
- DK/REF

SSD10e [IF SSD10c = NO | SSD10d = NO] During the **last 4 weeks**, have you been **actively** looking for work?

- 1 Yes**
 - 2 No**
- DK/REF

SSD10f [IF SSD10d = YES | SSD10e = YES] **Last week**, could you have started a job if you had been offered one, or returned to work if you had been recalled?

- 1 Yes, you could have gone to work,
- 2 No, you could **not** have gone to work because of your own temporary illness,
- 3 No, you could **not** have gone to work for some other reason, such as, being in school or taking care of house or family

SECTION 10: OVERLAP WITH (NON-)HH POPULATION

PROGRAMMER TIME STAMP SET: OVERLAP

SOL3 [IF JA = YES] The next few questions are about your stay at this and other facilities. Are you currently in this facility because you have been sentenced to serve time for an offense?

- 1 Yes**
- 2 No**
- DK/REF

SOL4 [IF JA = YES] During the 12 months before your incarceration, did you live in <COUNTY> in <STATE> **for most of the time?**

- 1 Yes**
- 2 No**
- DK/REF

SOL5a [IF SOL4 = NO] During the 12 months before your current incarceration, in which state did you live in for **most of the time?**

_____ [State**]

PROGRAMMER: ALLOW FOR OUT OF COUNTRY CODE AND FOR D.C.

DK/REF

SOL5b [IF SOL4 = NO & SOL5a != OUTSIDE OF US | DK | REF] And what county was that in?

_____ [County**]

DK/REF

SOL6 [IF JA = YES & LENGTH OF STAY < 12 MONTHS/DK/REF] Other than your current incarceration, have you stayed overnight or longer **in a jail** at any time during the **past 12 months?**

- 1 Yes**
- 2 No**
- DK/REF

SOL7 [IF HH = YES] During the **past 12 months**, have you stayed overnight or longer **in a jail**? Please do **not** count any time spent in prison.

- 1 Yes**
- 2 No**
- DK/REF

SOL8 [IF (SOL7 = YES) | (SOL6 = YES/DK/REF)] During the **past 12 months**, how much time <IF SOL6 = YES/DK/REF: **altogether**> have you spent **in a jail**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

- 1 Nights**
- 2 Weeks**
- 3 Months**
- DK/REF

SOL8N [IF SOL8 = 1 OR DK/REF] During the **past 12 months**, how many nights <IF SOL6 = YES/DK/REF: **altogether**> have you spent **in a jail**? Again, if you are not sure, just make your best guess.

_____night(s)** [RANGE 1-366]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

SOL8W [IF SOL8 = 2] During the **past 12 months**, how many weeks <IF SOL6 = YES/DK/REF: **altogether**> have you spent **in a jail**? Again, if you are not sure, just make your best guess.

_____week(s)** [RANGE 1-52]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

SOL8M [IF SOL8 = 3] During the **past 12 months**, how many months <IF SOL6 = YES/DK/REF: **altogether**> have you spent **in a jail**? Again, if you are not sure, just make your best guess.

_____month(s)** [RANGE 1-12]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SOL9 [IF JA = YES & LENGTH OF STAY < 12 MONTHS/DK/REF] During the **past 12 months**, have you lived **in a house, an apartment, or a mobile home, even if just for a short period of time**?

1 Yes**

2 No**

DK/REF

SOL10 [IF SOL9 = YES] During the **past 12 months**, how much time have you spent **in a house, an apartment, or a mobile home**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 Nights**

2 Weeks**

3 Months**

DK/REF

SOL10N [IF SOL10 = 1 OR DK/REF] During the **past 12 months**, how many nights have you spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.

_____night(s)** [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

SOL10W [IF SOL10 = 2] During the **past 12 months**, how many weeks have you spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.
_____week(s)** [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

SOL10M [IF SOL10 = 3] During the **past 12 months**, how many months have you spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.
_____month(s)** [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SOL11 [IF (JA = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HH = YES] During the **past 12 months**, have you stayed overnight or longer **in a prison**?
1 Yes**
2 No**
DK/REF

SOL12 [IF SOL11 = YES] During the **past 12 months**, how much time have you spent **in a prison**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 Nights**
2 Weeks**
3 Months**
DK/REF

SOL12N [IF SOL12 = 1 OR DK/REF] During the **past 12 months**, how many nights have you spent **in a prison**? Again, if you are not sure, just make your best guess.
_____night(s)** [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

SOL12W [IF SOL12 = 2] During the **past 12 months**, how many weeks have you spent **in a prison**? Again, if you are not sure, just make your best guess.
_____week(s)** [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

SOL12M [IF SOL12 = 3] During the **past 12 months**, how many months have you spent **in a prison**? Again, if you are not sure, just make your best guess.
_____month(s)** [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SOL13 During the **past 12 months**, have you stayed overnight or longer **in a psychiatric hospital**?
1 Yes**
2 No**
DK/REF

SOL13a [IF SOL13 = YES/DK/REF] During the **past 12 months**, have you stayed overnight or longer **in a state** psychiatric hospital? State psychiatric hospitals are public psychiatric hospitals operated by a state for treatment of serious mental disorders.
1 Yes**
2 No**
DK/REF

SOL14 [IF SOL13a = YES] During the **past 12 months**, how much time have you spent **in a state psychiatric hospital**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 Nights**
2 Weeks**
3 Months**
DK/REF

SOL14N [IF SOL14 = 1 OR DK/REF] During the **past 12 months**, how many nights have you spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.
_____night(s)** [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

SOL14W [IF SOL14 = 2] During the **past 12 months**, how many weeks have you spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.
_____week(s)** [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

SOL14M [IF SOL14 = 3] During the **past 12 months**, how many months have you spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.
_____month(s)** [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SOL15 [IF (JA = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HH = YES] During the **past 12 months**, have you **been homeless, even if just for a short period of time**?
1 Yes**
2 No**
DK/REF

SOL15a [IF SOL15 = YES/DK/REF] The next question is about shelters that provide a place for people who are homeless to stay. These shelters may also serve meals. Not counting living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building, during the **past 12 months**, have you stayed overnight or longer **in a homeless shelter**?
1 Yes**
2 No**
DK/REF

SOL16 [IF SOL15a = YES] During the **past 12 months**, how much time have you spent **in a homeless shelter**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 Nights**
2 Weeks**
3 Months**
DK/REF

SOL16N [IF SOL16 = 1 OR DK/REF] During the **past 12 months**, how many nights have you spent **in a homeless shelter**? Again, if you are not sure, just make your best guess.
_____night(s)** [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

SOL16W

[IF SOL16 = 2] During the **past 12 months**, how many weeks have you spent in a **homeless shelter**? Again, if you are not sure, just make your best guess.

_____week(s)** [RANGE 1-52]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

SOL16M

[IF SOL16 = 3] During the **past 12 months**, how many months have you spent in a **homeless shelter**? Again, if you are not sure, just make your best guess.

_____month(s)** [RANGE 1-12]

DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SECTION 11: SCHEDULING CLINICAL INTERVIEW AND INCENTIVES

PROGRAMMER TIME STAMP SET: SELECTION

S6a Thank you for completing this portion of the interview. We are almost done. <IF SFIID3 = 2: Please hand the tablet back to the interviewer now to finish the interview.>

S6b [IF SFIID3 = 2] INTERVIEWER: ENTER PASSCODE TO CONTINUE: _____

PROGRAMMER: PLEASE DISPLAY AN ERROR MESSAGE IF THE INTERVIEWER ENTERS THE WRONG CODE.

S5a [IF SELECT = YES] You are eligible to participate in the main interview. If you agree to take part, you will receive < CLINICALINC> <IF HH = YES when you complete the main interview.><IF JA = YES upon completion of the main interview. INTERVIEWER, PLEASE HAND RESPONDENT CONTACT INFORMATION TO REACH OUT TO, TO COMPLETE THE CLINICAL INTERVIEW ONCE THEY ARE RELEASED.>

S5b_1 [IF SELECT = NO] Based on your responses, you are not eligible to participate in the main interview.

[IF SELECT = NO & ((SFIID3 = 1 | WEB = YES) & HH = YES)) & (ROSTER = SCREENER RESPONDENT & ROSTERPAYMENTINFO = YES & R30 = 1 | 2)] To show our appreciation for completing this short screening survey today, we would like to send you the additional <SCREENERINC><IF R30 = 1: electronic pre-paid Visa to the email address you provided earlier><IF R30 = 2: check to the address you provided earlier>.

S5b_2 [IF SELECT = NO & ((SFIID3 = 1 | 2 | 3 | WEB = YES) & HH = YES)) & (ROSTER != SCREENER RESPONDENT | ROSTERPAYMENTINFO = NO | ((SFIID = 1 | WEB = YES) & R30 = 3 | 4 | DK | REF) | ((SFIID = 2 | 3)))] To show our appreciation for completing this short screening survey today, we would like to send you the <IF ROSTER RESPONDENT = SCREENER RESPONDENT: additional> <SCREENERINC> by either electronic pre-paid Visa or check <IF SFIID3 = 2 | 3: or, if you prefer, I can give you the incentive payment in cash right now>.

<IF WEB = YES & HH = YES: Would you like to receive your payment as ...><IF SFIID3 = 1: You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check. How would you like to receive your incentive payment, electronic pre-paid Visa, or check?><IF SFIID3 = 2 | 3: You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check. How would you like to receive your incentive payment, electronic pre-paid Visa, check, or in cash?>

- 1 Electronic pre-paid Visa. Please allow 1 to 2 weeks for processing.**
- 2 Check. Please allow up to 4 weeks for processing and delivery.**
- 4 <IF SFIID3 = 2 | 3: IN CASH.>

3 NO, THANKS. DECLINE THE INCENTIVE.
DK/REF

HELPTXT: The electronic pre-paid Visa card can be used for online shopping only.

S5b_3 [IF SELECT = NO & HH = YES & S5b_2 = 4] PLEASE HAND RESPONDENT THE CASH **INCENTIVE**.

<IF ROSTER RESPONDENT != SCREENER RESPONDENT: THE RESPONDENT SHOULD RECEIVE
<SCREENERINC> IF THEY COMPLETED THIS SCREENING SURVEY.>

<IF ROSTER RESPONDENT = SCREENER RESPONDENT: THE RESPONDENT SHOULD RECEIVE
<ROSTERINCF2F> IF THEY COMPLETED THE HOUSEHOLD MEMBERSHIP LISTING WITH YOU AND
AN ADDITIONAL <SCREENERINC> FOR COMPLETING THIS SCREENING SURVEY.>

I have checked a box to indicate that you <FILL: accepted/refused> the payment for
completing this short survey.

S5c [IF SELECT = NO & HH = YES & S5b_2 = 1] Please provide your email address to receive the
electronic pre-paid Visa.

_____ [OPEN-ENDED, FORMAT CHECK FOR VALID EMAIL ADDRESS]
DK/REF

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

PROGRAMMER NOTE: IF WEB AND S5c = BLANK, SHOW ERROR MESSAGE: This information is
important so we can send you your incentive. Please enter your contact information. Otherwise
select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S5c = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS
INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER
IF YOU CAN.

S5d [IF SELECT = NO & HH = YES & S5b_2 = 2] Please provide your first and last name to receive your
check.

First Name:**
OPEN-ENDED RESPONSE OPTION

Last Name:**
OPEN-ENDED RESPONSE OPTION
DK/REF

PROGRAMMER NOTE: IF WEB AND S5d = BLANK, SHOW ERROR MESSAGE: This information is
important so we can send you your incentive. Please enter your contact information. Otherwise
select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S5d = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS
INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER
IF YOU CAN.

S5e [IF SELECT = NO & HH = YES & S5b_2 = 2] Would you like us to mail your check to [ADDRESS FILL] or to another address?
1 Yes, mail to [ADDRESS FILL]**
2 No, mail to another address**
DK/REF

S5f [IF S5e = 2] What address do you want us to mail the check to?
Street**: (NUMBER AND STREET NAME)
City**: (CITY)
State**: (STATE)
ZIP: (ZIP)
DK/REF

PROGRAMMER NOTE: IF WEB AND S5f = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S5f = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

PROGRAMMER: GO TO S16_TRANS IF SELECT = NO

PROGRAMMER TIME STAMP SET: SCONSENT

S6c [IF FI ADMINISTERED & HH = YES] PROGRAMMER PLEASE START RECORDING OF THE CLINICAL CONSENT QUESTION S6_int AND END RECORDING AFTER CONSENT QUESTION S6_int.

S6 [IF SELECT = YES & HH = YES] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM "3 Household Clinical Interview Informed Consent" HERE:
<\\RTPNFI02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE HOUSEHOLD POPULATION:
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 Jan0721 clean.pdf>
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 SPA Jan0721 clean.pdf>

PROGRAMMER USE S6_int FOR CLINICAL INTERVIEW CONSENT AND GENERATE CONSENT Y/N

S3d [IF FI ADMINISTERED & HH = YES] PROGRAMMER, PLEASE TURN OFF THE RECORDING.

Sknow1 [IF SELECT = YES & HH = YES & CONSENT = YES] To ensure you understand your rights as a NSMH respondent, <IF FI | TI ADMINISTERED: I><IF WEB ADMINISTERED: we> need to ask you

a few questions about the information <IF FI | TI ADMINISTERED: we just discussed.><IF WEB ADMINISTERED: you just read.> You are being asked to participate in the National Study of Mental Health – the NSMH. Would you say the NSMH is about:

- a. How pets improve our mental health
- b. Mental health and other health issues
- c. The health of kids in schools
- d. Public transportation

PROGRAMMER NOTE: PLEASE REMOVE THIS QUESTION ENTIRELY (DATE: MM/DD/2021)

Sknow2 [IF SELECT = YES & HH = YES & CONSENT = YES] Your participation in the NSMH interview will take about:

- a. 15 minutes
- b. 6 hours
- c. 80 minutes
- d. 3 days

PROGRAMMER NOTE: AS OF MARCH, 1, 2021 PLEASE DEACTIVATE THE FIRST RESPONSE OPTION (15 minutes)

PROGRAMMER NOTE: PLEASE REMOVE THIS QUESTION ENTIRELY (DATE: 06/15/2021)

Sknow3 [IF SELECT = YES & HH = YES & CONSENT = YES] You have been asked to:

- a. Take part in a group discussion with 10 to 12 other people
- b. Call your local health department to participate
- c. Participate in an interview with an interviewer
- d. Send a letter with information about your health

PROGRAMMER NOTE: PLEASE REMOVE THIS QUESTION ENTIRELY (DATE: 06/15/2021)

Sknow4a [IF SELECT = YES & HH = YES & CONSENT = YES] True or False: Your participation is voluntary.

- 1 True**
 - 2 False**
- DK/REF

PROGRAMMER NOTE: PLEASE REMOVE THIS QUESTION ENTIRELY (DATE: 06/15/2021)

Sknow4b [IF SELECT = YES & HH = YES & CONSENT = YES] True or False: You can refuse to answer any questions.

- 1 True**
 - 2 False**
- DK/REF

PROGRAMMER NOTE: PLEASE REMOVE THIS QUESTION ENTIRELY (DATE: 06/15/2021)

PROGRAMMER NOTE PRIOR TO MM/DD/2021: GENERATE SKNOWLEDGEPASS IF HH = YES
REPLACE SKNOWLEDGEPASS = 1 IF Sknow1 = b & Sknow2 = c & Sknow3 = c & Sknow4a = 1 &
Sknow4b = 1 & HH = YES
ELSE SKNOWLEDGEPASS = 0 IF HH = YES

PROGRAMMER NOTE: PLEASE GENERATE SKNOWLEDGEPASS = 1 FOR ALL RESPONDENTS, I.E.,
HH|JA = YES (DATE: 06/15/2021)

PROGRAMMER TIME STAMP SET: SCHEDULING

- S7** [IF JA = YES] Do you have a definite date on which you expect to be released from jail?
1 Yes**
2 No**
DK/REF
- S8** [IF JA = YES & S7 = YES] Do you expect to be released...
1 Within the next 7 days,
2 More than 7 days but within the next 30 days, or
3 More than 30 days from now.
DK/REF
- S9** [IF JA = YES] Where are you planning to live once you are released from your incarceration ...
1 In your own house or apartment, meaning your name is on the deed, mortgage, or lease
2 In someone else's house or apartment, including your parents' home
3 In a residential treatment facility
4 In a transitional housing facility or halfway house
5 In a group home
6 In a state psychiatric hospital
7 In a homeless shelter
8 On the street
9 In no set place
10 In some other place or situation
DK/REF
- S10** [IF SELECT = YES & HH = YES & CONSENT = YES] Can you participate in a private video call, for example using a smartphone, tablet, or a computer?
1 Yes**
2 No**
DK/REF
- [IF JA = YES] Do you think you will be able to participate in a video call, for example using a smartphone, tablet or computer, once you are released from your incarceration?
1 Yes**
2 No**
DK/REF
- S11** [IF (SELECT = YES & HH = YES & CONSENT = YES & ROSTER RESPONDENT != SCREENING RESPONDENT) OR (ROSTER RESPONDENT = SCREENING RESPONDENT & (NAME | PHONE | EMAIL FROM ROSTER = MISSING)) OR (JA = YES)] Please <IF WEB = YES & HH = YES: enter><IF WEB = NO: give me> your first name, cell phone number, and email address so that we can contact you <IF SELECT = YES & JA = YES: once you are released from this facility> to schedule this upcoming interview.

First Name:**
OPEN-ENDED RESPONSE OPTION

Cell Phone Number:**
OPEN-ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO
PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE
I don't have a cell phone PROGRAMMER PLEASE INCLUDE CHECK BOX

Email Address:**
OPEN-ENDED RESPONSE OPTION
DK/REF

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

PROGRAMMER GENERATE EMAIL AND CELL PHONE TO DIFFERENTIATE IF EITHER ARE
MISSING

PROGRAMMER NOTE: IF WEB AND S11 = BLANK, SHOW ERROR MESSAGE: This information is important so we can contact you about the next survey in this study. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.
IF (PHONE OR IN-PERSON) AND S11 = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN CONTACT YOU ABOUT THE NEXT SURVEY IN THIS STUDY. PLEASE TRY TO ANSWER IF YOU CAN.

S11a [IF S11 CELL PHONE = MISSING OR 'I DON'T HAVE A CELL PHONE'] You indicated that you don't have a cell phone. Do you have a landline number so that we can contact you to schedule the upcoming interview?

- 1 Yes**
 - 2 No**
- DK/REF

S11b [IF S11a = YES] And what is that number?

Landline Phone Number:**
OPEN-ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO
PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE
DK/REF

S11c [IF S11 CELL PHONE != MISSING] May we send text messages to your personal cell phone to contact you about the upcoming interview?

- 1 Yes**
 - 2 No**
- DK/REF

S11d [IF (S11 CELL PHONE != MISSING & S11 EMAIL != MISSING) | (S11 EMAIL != MISSING & S11b != MISSING) | (ROSTER RESPONDENT = SCREENING RESPONDENT & (PHONE & EMAIL FROM ROSTER != MISSING))] And how would you prefer that we reach out to you?

- 1 Via telephone, or

2 Via email
DK/REF

S12 [IF (SELECT = YES & CONSENT = YES) | JA = YES] And, is there another person who would know how to get in touch with you if we cannot reach you<IF JA = YES: after your release from this facility>?

1 Yes**
2 No**
DK/REF

S13 [IF S12= YES] Please <IF WEB = YES & HH = YES: enter><IF WEB = NO: give me> their first name, their phone number, and their email address.

First Name:**
OPEN-ENDED RESPONSE OPTION

Phone Number:**
OPEN-ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE

Email Address:**
OPEN-ENDED RESPONSE OPTION
DK/REF

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

S14 [(IF SELECT = YES & HH = YES & CONSENT = YES & (ROSTER RESPONDENT != SCREENING RESPONDENT | ROSTER COMPLETED IN SEPARATE SITTING)) OR (JA = YES)] Please <IF WEB = YES & HH = YES: enter><WEB = NO: give me> a specific date and time when you can be available for the upcoming 80-minute main interview. Please note that the earliest we can schedule you for this interview is <DAY, DATE: TODAY'S DATE + 7 DAYS> and no later than <DAY, DATE: TODAY'S DATE + 60 DAYS>.

PROGRAMMER: ROUTE TO SCHEDULING CALENDAR TO SELECT MAIN INTERVIEW DATE AND TIME.

PROGRAMMER NOTE: CALENDAR VIEW FOR POSSIBLE DATES (CURRENT DATE +7 TO +60) AND DROPDOWN WITH ONE HOUR TIME SLOTS FROM 9AM TO 7PM.

Please use the calendar to select a convenient date and time for your clinical interview. Note that the interview takes 80 minutes on average and the appointments are usually set up for two hours. Please specify your time zone from the dropdown list so that we can adjust the calendar accordingly. Also, specify your language from the dropdown list so that we can adjust available appointments. If you modify time zone or language, click the refresh scheduler button.

S15_2 [IF ((SFIID3 = 1 | WEB = YES) & HH = YES & SELECT = YES) & (ROSTER = SCREENER RESPONDENT & ROSTERPAYMENTINFO = YES & R30 = 1 | 2)] Thank you for your time. To show our appreciation for completing this short survey today, we would like to send you the additional <SCREENERINC><IF R30 = 1: electronic pre-paid Visa to the email address you provided earlier><IF R30 = 2: check to the address you provided earlier>.

<IF CONSENT = YES: After you complete the upcoming main interview, we will provide you \$30 either by electronic pre-paid Visa or by check.

S15_3 [IF (SFIID3 = 1 | 2 | 3 | WEB = YES) & HH = YES & SELECT = YES) & (ROSTER != SCREENER RESPONDENT | ROSTERPAYMENTINFO = NO | ((SFIID = 1 | WEB = YES) & R30 = 3 | 4 | DK | REF) | ((SFIID = 2 | 3)))] Thank you for your time. To show our appreciation for completing this short survey today, we would like to send you the <IF ROSTER RESPONDENT = SCREENER RESPONDENT: additional> <SCREENERINC>, by either electronic pre-paid Visa or check <IF SFIID3 = 2 | 3: or, if you prefer, I can give you the incentive payment in cash right now>.

<IF WEB = YES & HH = YES: Would you like to receive your payment as ...><IF SFIID3 = 1: You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check. How would you like to receive your <IF CONSENT = YES: combined> incentive payment, electronic pre-paid Visa, or check?> <IF SFIID3 = 2 | 3: You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check. How would you like to receive your incentive payment, electronic pre-paid Visa, check, or in cash?>

- 1 Electronic pre-paid Visa. Please allow 1 to 2 weeks for processing.**
- 2 Check. Please allow up to 4 weeks for processing and delivery.**
- 4 <IF SFIID3 = 2 | 3: IN CASH.>

- 3 NO, THANKS. DECLINE THE INCENTIVE.
DK/REF

HELPTXT: The electronic pre-paid Visa card can be used for online shopping only.

S15_1 [IF S15_3 = 4 & HH = YES & SELECT = YES] Thank you for your time <IF CONSENT = YES: and agreeing to complete the main interview>.

PLEASE HAND RESPONDENT THE CASH **INCENTIVE**.

<IF ROSTER RESPONDENT != SCREENER RESPONDENT & CONSENT = NO: THE RESPONDENT SHOULD RECEIVE <SCREENERINC> IF THEY COMPLETED THIS SCREENING SURVEY.>

<IF ROSTER RESPONDENT = SCREENER RESPONDENT & CONSENT = NO: THE RESPONDENT SHOULD RECEIVE <ROSTERINCF2F> IF THEY COMPLETED THE HOUSEHOLD MEMBERSHIP LISTING IN THIS SESSION WITH YOU AND AN ADDITIONAL <SCREENERINC> FOR COMPLETING THIS SCREENING SURVEY. IF THEY ONLY COMPLETE THE SCREENING SURVEY THEY SHOULD ONLY RECEIVE <SCREENERINC>.>

<IF ROSTER RESPONDENT != SCREENER RESPONDENT & CONSENT = YES: THE RESPONDENT SHOULD RECEIVE <SCREENERINC> IF THEY COMPLETED THIS SCREENING SURVEY.

<IF ROSTER RESPONDENT = SCREENER RESPONDENT & CONSENT = YES: THE RESPONDENT SHOULD RECEIVE <ROSTERINCF2F> IF THEY COMPLETED THE HOUSEHOLD MEMBERSHIP LISTING WITH YOU, AN ADDITIONAL <SCREENERINC> FOR COMPLETING THIS SCREENING SURVEY. IF THEY ONLY COMPLETE THE SCREENING SURVEY THEY SHOULD ONLY RECEIVE <SCREENERINC.

- 1 INCENTIVE ACCEPTED
- 2 INCENTIVE REFUSED

I have checked a box to indicate that you <FILL: accepted/refused> the <IF CONSENT = YES: total> incentive as a thank you for completing this short interview.

S15_4 [IF JA = YES] Thank you for your time.
INTERVIEWER: PLEASE COLLECT FIRST AND LAST NAME OF THE RESPONDENT

FIRST NAME:
OPEN-ENDED RESPONSE OPTION

LAST NAME:
OPEN-ENDED RESPONSE OPTION
DK/REF

<JASCREENERINC> AND THEN SELECT IF INCENTIVES ARE ALLOWED FOR THIS RESPONDENT
1 INCENTIVES ALLOWED
2 INCENTIVES NOT ALLOWED

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE NONELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE HAND RESPONDENT **INCENTIVE** OR TELL THE RESPONDENT THAT THE FACILITY WILL HAND OUT THE INCENTIVE (<JASCREENERINC>).

- 1 INCENTIVE ACCEPTED / WILL ACCEPT INCENTIVE
- 2 INCENTIVE REFUSED

I HAVE CHECKED A BOX TO INDICATE THAT YOU <FILL: ACCEPTED / WILL ACCEPT; REFUSED> THE INCENTIVE FOR COMPLETING THIS SCREENING SURVEY.

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE ELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE COLLECT NECESSARY INFORMATION TO MAKE INCENTIVE PAYMENTS, E.G., TO COMMISSARY OR JPAY. PLEASE DOUBLE-KEY ALL PAYMENT-RELATED INFORMATION.

_____ (Allow 500 characters)

S15b1 [IF HH = YES & S15_3 = 1 & S11 EMAIL = BLANK] Please provide your email address to receive the electronic pre-paid Visa.

_____ [OPEN-ENDED, FORMAT CHECK FOR VALID EMAIL ADDRESS]
DK/REF
PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

PROGRAMMER NOTE: IF WEB AND S15b1 = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S15b1 = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

S15b2 [IF HH = YES & S15_3 = 1 & S11 EMAIL != BLANK] We will send your electronic pre-paid Visa to the email address you provided earlier.

S15c [IF HH = YES & S15_3 = 2] Please provide your first and last name to receive your check.

First Name:**
OPEN-ENDED RESPONSE OPTION

Last Name:**
OPEN-ENDED RESPONSE OPTION
DK/REF

PROGRAMMER NOTE: IF WEB AND S15c = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S15c = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

S15d [IF HH = YES & S15_3 = 2] Would you like us to mail your check to [ADDRESS FILL] or to another address?

- 1 Yes, mail to [ADDRESS FILL]**
 - 2 No, mail to another address**
- DK/REF

S15e [IF S15d = 2] What address do you want us to mail the check to?

Street**:(NUMBER AND STREET NAME)
City**:(CITY)
State**:(STATE)
ZIP:(ZIP)
DK/REF

PROGRAMMER NOTE: IF WEB AND S15e = BLANK, SHOW ERROR MESSAGE: This information is important so we can send you your incentive. Please enter your contact information. Otherwise select 'Not sure' or 'Prefer not to answer' and click 'Next' to continue.

IF (PHONE OR IN-PERSON) AND S15e = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

S16_trans [IF FI | TI ADMINISTERED] INTERVIEWER, PLEASE CLICK "NEXT" TO FINALIZE THIS CASE, OTHERWISE CLICK BACK BUTTON TO MODIFY PREVIOUSLY ENTERED ANSWERS

S16 This concludes our screening survey. Thank you for your participation. <IF (SELECT = YES & CONSENT = YES) | JA = YES: One of our interviewers will contact you with details about the upcoming main interview.>

<IF ROSTER = SCREENER RESPONDENT & # OF INDIVIDUALS SELECTED FOR SCREENING = 2: We'd appreciate it if you could remind the other person selected from your household to complete their screening interview as soon as they can (if they haven't done so already). **>

S17 [IF HH = YES & FI | TI ADMINISTERED & # OF INDIVIDUALS SELECTED FOR SCREENING = 2] Is <IF TARGET RESPONDENT = YES & SELECTED2 != SCREENER COMPLETE: NAMEFILL SELECTED2><IF TARGET RESPONDENT = NO & TARGET RESPONDENT != SCREENER COMPLETE: NAMEFILL TARGET PERSON> available for me to speak with now?

- 1 Yes**
- 2 No**
- DK/REF

INTERVIEWER: IF ON THE PHONE: THE NEW INTERVIEW WILL OPEN IN A NEW WINDOW. PLEASE COMPLETE THE DEBRIEFING ITEMS FOR THE FIRST INTERVIEW ONLY IF YOU HAVE TO WAIT FOR THE SECOND PERSON TO COME TO THE PHONE. OTHERWISE, COMPLETE BOTH DEBRIEFINGS AFTER THE INTERVIEWS.

PROGRAMMER NOTE: IF YES, BEGIN SECOND SCREENING SURVEY BY OPENING THAT CASE IN A SEPARATE TAB/WINDOW.

S17_a Thank you.

PROGRAMMER TIME STAMP SET: END

SECTION 12: INTERVIEWER DEBRIEFING QUESTIONS

PROGRAMMER TIME STAMP SET: DEBRIEF

[IF SFIID3 = 1 | 2 | 3] THESE QUESTIONS ARE FOR THE INTERVIEWER TO ANSWER. DO NOT READ TO THE R.

INTERVIEWER: ENTER PASSCODE TO CONTINUE: _____

IDB0 Did the respondent complete the entire screening survey or is this an incomplete interview/breakoff?

1. RESPONDENT COMPLETE INTERVIEW
2. INCOMPLETE INTERVIEW/BREAKOFF

PROGRAMMER: GO TO IDBBR1 IF IDB0 = INCOMPLETE INTERVIEW/BREAKOFF
ELSE CONTINUE

IDB1 [IF SFIID3 = 2] How did the respondent complete the screening survey?

1. THE RESPONDENT COMPLETED THE SCREENING SURVEY WITH NO ASSISTANCE FROM ME
2. THE RESPONDENT COMPLETED THE SCREENING SURVEY, BUT NEEDED ASSISTANCE ON A FEW SCREENS
3. THE RESPONDENT COMPLETED THE SCREENING SURVEY, BUT NEEDED ASSISTANCE ON MANY SCREENS
4. I ADMINISTERED THE ENTIRE INTERVIEW

IDB2 [IF IDB1 != 1 | 4] What type of assistance did you provide to R?

Check all that apply.

1. READ ONE OR MORE QUESTIONS TO R
2. HELPED R ENTER ONE OR MORE ANSWERS
3. HELPED R MOVE TO NEXT SCREEN
4. HELPED R BACK UP TO PREVIOUS SCREEN
5. HELPED R HIDE QUESTION TEXT
6. ANSWERED QUESTIONS ABOUT WHAT A QUESTION MEANT
7. OTHER (SPECIFY: _____)

IDB3 [IF HH = YES & SFIID3 = 2 | 3] Did you conduct this interview at the respondent's home, either inside or outside?

1. YES
2. NO

IDB4 [IF IDB3 = NO | JA = YES] Where did you conduct this interview?

1. <IF HH = YES: AT THE RESPONDENT'S WORKPLACE>
2. <IF HH = YES: AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND>
3. <IF HH = YES: IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX>
4. <IF HH = YES: AT A LIBRARY>

5. <IF HH = YES: IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM>
6. <IF JA = YES: AT AN OFFICE>
7. <IF JA = YES: AT THE CELL OR HOUSING UNIT>
8. <IF JA = YES: IN SOME TYPE OF COMMON AREA, SUCH AS A VISITATION ROOM, A CONFERENCE ROOM, A CLASSROOM, A GYM, OR A CAFETERIA>
9. <IF JA = YES: SOMEWHERE OUTSIDE>
10. SOME OTHER PLACE (SPECIFY: _____)

IDB5

[IF SFIID3 = 2 | 3] Please indicate how private the interview was. Do not count yourself or a project observer as another person in the <IF HH = YES: ROOM><IF JA = YES: INTERVIEW>.

1. COMPLETELY PRIVATE – NO ONE WAS IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> OR LISTENING
2. MOSTLY PRIVATE – PERSON(S) IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> OR LISTENING LESS THAN HALF OF THE TIME
3. SOMEWHAT PRIVATE – PERSON(S) IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> OR LISTENING ABOUT HALF OF THE TIME
4. NOT VERY PRIVATE – PERSON(S) IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> OR LISTENING MORE THAN HALF OF THE TIME
5. NOT AT ALL PRIVATE – CONSTANT PRESENCE OF OTHER PERSON(S) IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> OR LISTENING

IDB6

[IF IDB5 !=1] Not including yourself or project observers, who were the other people present or listening to the interview?

Check all that apply.

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)
5. <IF HH = YES: OTHER ADULT(S) **NONRELATIVE**><IF JA = YES: OTHER INMATES>
6. <IF JA = YES: FACILITY STAFF>
7. CHILD(REN) UNDER 18
8. OTHER

IDB6a

[IF IDB5 !=1] In what ways did the other people's presence influence the interview?

Check all that apply.

1. PERSON(S) CAME INTO THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW>AND YOU PAUSED THE INTERVIEW UNTIL THEY LEFT
2. PERSON(S) CAME INTO THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW>, YOU OR R ANSWERED THEIR QUESTION OR EXPLAINED THAT PRIVACY WAS NEEDED, AND THEY LEFT
3. PERSON(S) STAYED IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> BUT DID NOT PARTICIPATE IN INTERVIEW
4. PERSON(S) STAYED IN THE <IF HH = YES: ROOM><IF JA = YES: INTERVIEW> AND OFFERED R HELP WITH ANSWERS
5. PERSON(S) STAYED BUT WAS TOO YOUNG TO UNDERSTAND THE INTERVIEW
6. OTHER (SPECIFY: _____)

- IDB7** During the interview, was the atmosphere at the interview site:
1. EXTREMELY CHAOTIC AND NOISY; DISRUPTIVE TO INTERVIEW
 2. SOME NOISE OR INTERRUPTIONS BUT INTERVIEW WENT REASONABLY SMOOTHLY
 3. VERY QUIET AND CALM, IDEAL FOR INTERVIEW

- IDB8** What types of distractions or interruptions were present during the interview?
Check all that apply.
- TELEVISION ON DURING INTERVIEW BUT R NOT WATCHING
 - TELEVISION ON DURING INTERVIEW WITH R WATCHING AT LEAST SOME OF THE TIME
 - R RECEIVED 1 OR 2 PHONE CALLS
 - R RECEIVED 3 OR MORE PHONE CALLS
 - CHILDREN PRESENT NEEDED ATTENTION
 - OTHER (SPECIFY: _____)
 - NO DISTRACTIONS OR INTERRUPTIONS PRESENT

- IDB9** How attentive was the respondent to the questions during the interview?
1. NOT AT ALL ATTENTIVE
 2. SOMEWHAT ATTENTIVE
 3. VERY ATTENTIVE

- IDB10** Was the respondent upset during the interview?
1. YES, UPSET BECAUSE OF INTERVIEW CONTENT
 2. YES UPSET, BUT NOT RELATED TO INTERVIEW CONTENT
 3. NO, NOT UPSET

IDB11 While completing the interview, did the respondent experience any of the following difficulties?

	Yes	No
a. LANGUAGE/TRANSLATION PROBLEMS	<input type="radio"/>	<input type="radio"/>
b. READING OR VISION PROBLEMS	<input type="radio"/>	<input type="radio"/>
c. COMPREHENSION PROBLEMS	<input type="radio"/>	<input type="radio"/>
d. SUBSTANCE OF THE INTERVIEW (I.E., TOPICS WE WERE ASKING ABOUT)	<input type="radio"/>	<input type="radio"/>
e. OTHER (SPECIFY: _____)	<input type="radio"/>	<input type="radio"/>

- IDB13** [IF IDB1 = 1 | 2 | 3] Were you able to see the computer screen < IF IDB1 = 2 | 3: during the parts of the interview that the respondent self-completed?><IF IDB1 = 1: while the respondent self-completed the interview?>
1. I COULD SEE THE SCREEN THE ENTIRE TIME
 2. I COULD SEE THE SCREEN ON MOST, BUT NOT ALL OF THE SELF-ADMINISTERED QUESTIONS
 3. I COULD SEE THE SCREEN ON A FEW SELF-ADMINISTERED QUESTIONS
 4. I COULD NEVER SEE THE SCREEN DURING THE SELF-ADMINISTRATION

IDB14 Did the respondent make any comments about the interview being too long?
 1. YES
 2. NO

IDB15 Please note anything else you think would be helpful for the interpretation and understanding of this interview.
 _____ALLOW 250 CHARACTERS
 PROGRAMMER ALLOW FOR BLANK SUBMISSIONS

PROGRAMMER TIME STAMP SET: ENDDDB

PROGRAMMER TIME STAMP SET: BEGINDBBR

IDBBR1 [IF BREAKOFF = YES] Please indicate if any of the following contributed to the interview termination.

	Yes	No
a. DISTRESSED RESPONDENT PROTOCOL INITIATED	<input type="radio"/>	<input type="radio"/>
b. RESPONDENT IS PHYSICALLY OR MENTALLY INCAPABLE OF COMPLETING THE INTERVIEW	<input type="radio"/>	<input type="radio"/>
c. RESPONDENT NOTED THE INTERVIEW WAS TOO LONG AND DID NOT WISH TO CONTINUE	<input type="radio"/>	<input type="radio"/>
d. RESPONDENT DID NOT HAVE TIME TO COMPLETE THE INTERVIEW BUT IS WILLING TO COMPLETE AT A LATER TIME	<input type="radio"/>	<input type="radio"/>
e. RESPONDENT DOES NOT WISH TO CONTINUE THE INTERVIEW ALONE	<input type="radio"/>	<input type="radio"/>
f. RESPONDENT WAS STRESSED ABOUT THE CONTENT OF THE INTERVIEW	<input type="radio"/>	<input type="radio"/>
g. EQUIPMENT PROBLEM	<input type="radio"/>	<input type="radio"/>
h. ABRUPT END, RESPONDENT DIDN'T GIVE A REASON	<input type="radio"/>	<input type="radio"/>
i. OTHER (SPECIFY: _____)	<input type="radio"/>	<input type="radio"/>

PROGRAMMER CHECKBOX: NA (INTERVIEW WAS COMPLETED)

PROGRAMMER: IF IDBBR1 = NA GO TO IDB1

PROGRAMMER TIME STAMP SET: ENDDBBR

Next [RECORD OF CALLS]

- 1 Were you serious, introverted, or gloomy?
- 2 The latest thing could make you sad.
- 3 Did you feel persistently sad or empty, blank, or down in the dumps?
- 4 Did your mood change rapidly from happy to sad and back again?
- 5 I felt sad.
- 6 Did you generally feel content?
- 7 How much did you experience positive feelings in your life?
- 8 How often did you have negative feelings, such as low mood, despair, anxiety, depression?
- 9 How much did any feelings of depression bother you?
- 10 I felt gloomy.
- 11 Have you been depressed or sad?
- 12 Has there been a time when you have been seriously depressed?
- 13 I had a sense of harmony with myself.
- 14 How much of the time did you feel depressed?
- 15 I felt depressed.
- 16 How much of the time have you felt downhearted and blue?
- 17 How much have you felt really happy?
- 18 How much have you felt cheerful?
- 19 How much have you felt sad?
- 20 How much have you felt dissatisfied with things?
- 21 How much have you been troubled or bothered by psychological or emotional problems?
- 22 How much of the time have you been in low or very low spirits?
- 23 I felt sad.
- 24 Were you in good spirits most of the time?
- 25 Did you feel happy most of the time?
- 26 How much were you depressed by feeling blue?
- 27 I have been feeling sad lately.
- 28 Did you experience long periods of sadness?
- 29 Have you had a significant period that was not a direct result of death/widow/sad in which you have experienced serious depression?
- 30 I have felt emotionally exhausted.
- 31 I was unhappy.
- 32 Did you receive care for feeling depressed or blue?
- 33 How sad did you feel?
- 34 How often did you feel?
- 35 Did you feel unhappy?
- 36 How often did you feel content with your life?
- 37 How often did you feel happy?
- 38 How often did you feel sad?
- 39 Have you been in low or very low spirits?
- 40 How depressed (at its worst) have you felt?
- 41 I was bothered by things that usually don't bother me.
- 42 Did you often feel sad for no obvious reason?
- 43 Did you find yourself crying over small things?
- 44 Did you feel like crying and laughing at the same time?
- 45 Did you ever become very distressed or did you avoid things that evoked episodes of crying and/or intense emotion?
- 46 Have you cried?
- 47 Have you felt like crying even though you did not?
- 48 I had crying spells.
- 49 How often have you felt like crying?
- 50 I cry more than I used to.
- 51 I had crying spells or felt like it.
- 52 How much were you distressed by crying easily?
- 53 Did you find yourself needing to cry?
- 54 I felt weepy or watery.
- 55 Were you deeply involved with your work?
- 56 Did you have to do the opposite of what people wanted you to do or to do the devil's advocate?
- 57 Were you very critical for example, even the smallest thing could make you very irritable?
- 58 Were you very irritable for example, you found that you were particularly critical or sarcastic?
- 59 Were you very irritable for example, you had great difficulty seeing others' points of view?
- 60 Were you very irritable for example, you were unusually argumentative or showed unusual hostility?
- 61 Have you had trouble controlling your temper for example, you felt that you really needed to even the score?
- 62 Have you had trouble controlling your temper for example, you found yourself shouting at people or starting arguments or fights, even over minor matters?
- 63 Were you very irritable?
- 64 Did you ever feel irritable, have outbursts of anger or rage, or lose your temper over minor things?
- 65 How much of the time have you been in firm control of your behavior, thoughts, emotions, or feelings?
- 66 How much of the time have you felt emotionally stable?
- 67 How much of the time have you been moody or fickle about things?
- 68 How much difficulty have you been having in the area of mood swings or unstable moods?
- 69 Was you an excessively emotional person?
- 70 How often have you felt emotionally stable?
- 71 How often have you been moody or fickle about things?
- 72 My mood has been sad, but this sadness is like the sad mood I would feel if someone close to me died or left.
- 73 You constantly feel your sadness to laugh, have fun, or enjoy your life.
- 74 How much did you enjoy life?
- 75 Were you bothered by any difficulties in your sex life?
- 76 How much were you able to relax and enjoy yourself?
- 77 How much has sex interfered with your enjoyment of life?
- 78 I enjoyed life.
- 79 How much have you been able to laugh easily?
- 80 How much have you felt that nothing was enjoyable?
- 81 How much have you felt like you were having a lot of fun?
- 82 How much of the time has life been a wonderful adventure for you?
- 83 How much difficulty have you been having in the area of finding satisfaction with your life?
- 84 I don't enjoy the new I used to.
- 85 Have you been basically satisfied with your life?
- 86 Have you been able to enjoy your normal day-to-day activities?
- 87 I felt satisfied.
- 88 Did you have difficulty in becoming sexually aroused?
- 89 How happy, satisfied or pleased have you been with your personal life?
- 90 How much of the time have you enjoyed sex?
- 91 I could laugh and see the funny side of things.
- 92 I looked forward with enjoyment to things.
- 93 I could enjoy a good book, radio or tv program.
- 94 I felt satisfied.
- 95 My life was empty, flat.
- 96 How often had increased libido?
- 97 Did you actually receive care for sexual problems or concerns?
- 98 I enjoyed sex as much as ever.
- 99 Did you enjoy the things you usually do for fun?
- 100 Was your sense of humor usually?
- 101 You lost interest in how you looked.
- 102 Did your mood become depressed as a result of using alcohol, sleeping pills, anti-anxiety drugs, nicotine, caffeine, stimulants or similar substances even though you took them in order to feel better?
- 103 Did you lose interest and pleasure in your social life and did you prefer spending most of your time alone, withdrawn from your family and friends?
- 104 Did you lose interest in your hobbies or in video games or sports?
- 105 Did you lose interest in your romantic life?
- 106 Did you lose interest in your hobbies or in video games or sports?
- 107 Did you feel indifferent about everything (either positive or negative) that happened to you or your family?
- 108 Did you lose interest or pleasure in all or almost all of the things you usually enjoyed?
- 109 Did you find that activities or things that used to be interesting or important to you became tedious, meaningless, or uninspiring?
- 110 I was not interested in things.
- 111 How much of the time has your daily life been full of things that were interesting or important to you?
- 112 How much have you felt bored?
- 113 How much have you felt nothing was interesting or fun?
- 114 How much have you felt like there were many interesting things to do?
- 115 I noticed that I was less interested in people or activities.
- 116 I was less interested in sex than I used to be.
- 117 How much of a problem was lack of sexual interest?
- 118 How much were you dissatisfied by feeling no interest in things?
- 119 I did not feel like exercising, hiking, or exercising my partner.
- 120 Did you feel interest in anything?
- 121 Have you lost interest in the things you used to do?
- 122 Has your daily life been full of things that were interesting to you?
- 123 Did you feel frustrated and dejected although you couldn't think of any reason for that?
- 124 Did you feel that you no longer had emotions you used to have or that your feelings were dulled?
- 125 I felt that I could not shake off the blues even with help from my family or friends.
- 126 How much of the time have you felt so down in the dumps that nothing could cheer you up?
- 127 My mood brightened when good events occurred, but I did not feel like my normal self.
- 128 My feelings were dull.
- 129 Did you drift in and out of conversations?
- 130 I had difficulty concentrating.
- 131 How much of the time did you have difficulty doing activities involving concentration and thinking?
- 132 I had trouble keeping my mind on what I was doing.
- 133 How much have you had trouble staying alertness?
- 134 How much difficulty have you been having in the area of confusion, concentration, or memory?
- 135 How much were you depressed by trouble concentrating?
- 136 How much of the time did you have trouble keeping your attention on any activity for long?
- 137 My mind was as clear as a glass to be used to be.
- 138 How often had difficulty in concentrating on things, like reading a newspaper or watching television?
- 139 You had difficulty making new minor decisions (such as what shirt to wear, what household task to do first).
- 140 Did you have a lot of trouble thinking or decisions, such as trouble taking part in a discussion, reading, writing, doing math, or following a television program?
- 141 How much of the time did you have difficulty making and solving problems, for example, making plans, making decisions, learning new things?
- 142 How much have you had trouble making decisions?
- 143 I cut off making decisions more than I used to.
- 144 I occasionally felt indecisive.
- 145 I found that my attention wandered.
- 146 I felt indecisive.
- 147 I found it easy to make decisions.
- 148 You couldn't make decisions easily.
- 149 Did you have problems with your memory, such as finding the right word or remembering things that should have been easy to remember?
- 150 I had trouble remembering things.
- 151 How much of the time did you forget things that happened recently, where you put things, or appointments?
- 152 How much have you had trouble remembering things?
- 153 Did you feel you had more problems with memory than most?
- 154 How much were you dissatisfied by trouble remembering things?
- 155 How much have you been bothered by poor memory for recent events?
- 156 Did you feel you had become forgetful?
- 157 Did you feel that your memory was failing?
- 158 Did your speech or thinking seem slowed down?
- 159 Did you experience time as passing very slowly?
- 160 Did you feel mentally dull or confused?
- 161 How much of the time did you react slowly to things that were said or done?
- 162 I found that my thoughts were slowed down.
- 163 My voice sounded dull or flat.
- 164 Could you think as quickly as you used to?
- 165 How much have you been bothered by thoughts that are slow?
- 166 How much have you been bothered by not being able to find the right words?
- 167 Did you find that silly or unreasonable thoughts kept recurring in your mind?
- 168 Do you think there was nothing you could do to change the way things were done?
- 169 Did you see the future as very bleak?
- 170 How optimistic did you feel about the future?
- 171 How much have you been pessimistic about the future?
- 172 I felt discouraged about the future.
- 173 How often did you feel your life was moving in a positive direction?
- 174 Were you hopeful or optimistic about all the things that people ordinarily value in life?
- 175 You felt very vulnerable.
- 176 You felt constantly afraid of doing something wrong.
- 177 Were you discouraged in yourself?
- 178 Did you feel useless, and if you were without any talent and you couldn't do anything right?
- 179 How much have you been proud of yourself?
- 180 How much have you been disappointed in yourself?
- 181 How much have you felt good about yourself?
- 182 How much have you blamed yourself for things?
- 183 How much difficulty have you been having in the area of lack of self-confidence or feeling bad about yourself?
- 184 I felt I had failed more than the average person.
- 185 I was discouraged in myself.
- 186 I was critical of myself for my weaknesses or mistakes.
- 187 I was more self-blaming than usual.
- 188 How much were you dissatisfied by blaming yourself for things?
- 189 I sometimes had bad thoughts that made me feel ashamed of myself.
- 190 How often did you feel good about yourself?
- 191 You felt you had no purpose, as if everything had lost its significance.
- 192 Did you feel unaccomplished because others did not understand or share your optimism or imaginative ideas?
- 193 Did you feel happy about yourself as a person?
- 194 My life had been productive.
- 195 I felt that I was just so good as other people.
- 196 How much have you felt like a failure?
- 197 How much have you felt inferior to others?
- 198 How much have you felt successful?
- 199 How much have you felt confident?
- 200 How much have you felt worthless?
- 201 Did you think that most people were better off than you?
- 202 How much were you dissatisfied by feeling of worthlessness?
- 203 I felt that I was useful and needed.
- 204 How often have you felt worthless?
- 205 Nothing you do on looked or felt right.
- 206 Was there any part of your appearance which made you feel uncomfortable?
- 207 I was self-conscious about my appearance.
- 208 I was self-conscious about how my face and neck looked.
- 209 How much have you felt unattractive?
- 210 I was worried that I was looking old or unattractive.
- 211 I lost interest in my appearance.

- 216 Did you avoid activities that evoked feelings of loneliness or other distressing emotions?
- 217 How often did you feel lonely?
- 218 How much of the time have you felt loved and wanted?
- 219 How much difficulty have you been having in the area of isolation or feelings of loneliness?
- 220 How much difficulty have you been having in the area of being able to feel close to others?
- 221 How much were you dissatisfied by feeling lonely?
- 222 Did you feel isolated from others?
- 223 Did you find it especially hard to take reactions, particularly those involving friendships or romantic relationships?
- 224 You felt as if others were causing all of your problems.
- 225 I felt that people disliked me.
- 226 How much of the time did you feel left out?
- 227 I occasionally felt rejected, slighted, criticized, or hurt by others.
- 228 How much were you dissatisfied by feeling hopeless about the future?
- 229 How much were you dissatisfied by feeling others did not understand you or were unempathetic?
- 230 How often did you feel disappointed and resentful?
- 231 How often did you feel rejected?
- 232 I was more sensitive than usual.
- 233 How often have you felt ignored by people?
- 234 How often did you feel left out?
- 235 I felt a sense of purpose in my life.
- 236 My life lacked meaning and purpose.
- 237 How much have you felt discouraged?
- 238 How much difficulty have you been having in the area of goals or direction in life?
- 239 Did you feel that your life was empty?
- 240 How much were you dissatisfied by feeling hopeless about the future?
- 241 How much of the time did you feel that you had nothing to look forward to?
- 242 How often did you feel hopeless?
- 243 Did you believe that you had come to a "dead end"?
- 244 How much control did you feel you have had over your life?
- 245 How much difficulty have you been having in the area of decision-making independence?
- 246 Did you often feel helpless?
- 247 How often have you felt that you can't take it anymore?
- 248 Did you feel you wanted to give up trying?
- 249 Did you feel the feeling that you just didn't have what it takes anymore?
- 250 Did you feel defeated?
- 251 I felt like I was at the end of my rope.
- 252 How often did you feel that the chances in your life were overwhelming?
- 253 I felt I should be punished.
- 254 I chastised or scolded myself and suffered unreasonable feelings of remorse.
- 255 It depressed me that I did not do more for my parents.
- 256 I was concerned about being forgotten for my sins.
- 257 I did more things that made me feel personally ashamed.
- 258 Failure gave me a feeling of remorse.
- 259 When I did wrong my conscience punished me greatly.
- 260 I often felt that I have not lived the right kind of life.
- 261 How much were you dissatisfied by the idea that you should be punished for your sins?
- 262 How much were you dissatisfied by feelings of guilt?
- 263 Did you spend much of your time brooding?
- 264 Did you feel guilty?
- 265 How often had problems accumulated less than you would like with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)?
- 266 How often has feeling depressed interfered with what you usually do?
- 267 I found that the frequency of my errors or mistakes was increased when I was depressed.
- 268 I found it easy to do the things I used to do.
- 269 How often do you stop the things you want to do or other activities as a result of emotional problems (such as feeling depressed or anxious)?
- 270 Did you have difficulty starting to do anything?
- 271 You felt restless, skittish, and failed to take care of your usual commitments and responsibilities?
- 272 How often had difficulty taking care of yourself? For example, you showered less, wore the same clothes, did not eat on time or ate too much?
- 273 Did your housework, child care or your performance at school, work, sports, or hobbies deteriorate?
- 274 How much did feelings of sadness or depression interfere with your everyday functioning?
- 275 Did you take care of yourself? For example, not eating enough, not, not eating right?
- 276 I felt motivated to do things.
- 277 How much emotional stress, tension, or pressure was associated with your usual daily activities (school, homework, or whatever you usually do)?
- 278 How much difficulty have you been having in the area of school for example, academic performance, completing assignments, attendance?
- 279 How often has feeling depressed interfered with what you usually do?
- 280 I felt emotionally drained from my work.
- 281 I felt burned out from my work.
- 282 Has feeling depressed interfered with what you usually do?
- 283 Have you accomplished less than you would like?
- 284 You don't do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?
- 285 Did you have a lot of trouble getting out of bed in the morning?
- 286 How often did you feel fatigued, weak, or tired at the end of the day?
- 287 I felt that everything I did was an effort.
- 288 I could not get "loose".
- 289 How much have you needed to stay alert after eating to get started?
- 290 I took an extra effort to get started at doing something.
- 291 Did you have to make a special effort to face up to a crisis or difficulty?
- 292 How much were you dissatisfied by feeling everything was an effort?
- 293 Did you feel like you had to push through?
- 294 Did you shrink from your regular work as if it were a mountain to climb?
- 295 How easily did you get tired?
- 296 How much were you bothered by fatigue?
- 297 How often did you feel as if you did not have enough energy?
- 298 How often have you actually been sitting around a lot because of lack of energy?
- 299 How much have you gotten fatigued easily?
- 300 How much have you felt tired or sluggish?
- 301 I got tired more easily than usual.
- 302 Have you been feeling run down?
- 303 Did you feel over-tired and exhausted?
- 304 I got tired for no reason.
- 305 Did fatigue interfere with your mood?
- 306 I felt guilty that I was too tired to do things that I normally do.
- 307 When you felt sad, angry or depressed did you feel tired?
- 308 My fatigue-related irritations made me feel guilty.
- 309 To what degree has fatigue caused you distress?
- 310 I tend to often make me irritable and I wanted to be left alone.
- 311 Did you feel physically slowed down, as if every movement was in slow motion?
- 312 Have you been feeling sluggish?
- 313 Did you feel that you had become slowed down in your physical movements?
- 314 How much have you felt slowed down?
- 315 I experienced periods of feeling physically exhausted, without down and without physical energy but without a negative effect on my work, my school or my activity level.
- 316 How often have you been taking longer with the things you do?
- 317 How much were you dissatisfied by feeling low in energy or slowed down?
- 318 How much were you dissatisfied by feeling sluggish in getting things done?
- 319 How much were you dissatisfied by feeling sluggish in getting things done?
- 320 How much were you dissatisfied by feeling low in energy or slowed down?
- 321 I felt as if I was slowed down.
- 322 Did you feel out-of or detached, like you couldn't connect with people or enjoy their company?
- 323 How much have you felt like being alone?
- 324 How much have you felt withdrawn from others?
- 325 How much have you felt like being with others?
- 326 How often do you prefer to stay at home rather than come out and do new things?
- 327 How often did you withdraw from other people?
- 328 Did you find it difficult to sit still or to be down, or to be constantly in motion?
- 329 Did you find your thoughts drifting away from one thing to another and were easily distracted?
- 330 I felt restless as if I had to always be on the move.
- 331 Did you needlessly wake up in the middle of the night and have difficulty falling asleep again?
- 332 Did you needlessly wake up much earlier than you wanted to, and were unable to go back to sleep?
- 333 I had well.
- 334 Did you have more difficulty falling asleep or staying asleep than you did before?
- 335 I had difficulty sleeping.
- 336 Did you wake very early in the morning?
- 337 My sleep was very shallow.
- 338 More than half the time I awakened more than three minutes before I needed to get up.
- 339 How often had difficulty sleeping asleep?
- 340 I had a restless, light sleep with a few brief awakenings each night.
- 341 How much were you dissatisfied by trouble falling asleep?
- 342 How much were you dissatisfied by awakenings in the early morning?
- 343 How much were you dissatisfied by sleep that was restless or disturbed?
- 344 Did you feel that your sleep was not quiet (noisy, restless, feeling tense, speaking, etc., while sleeping)?
- 345 How often had trouble falling asleep?
- 346 Did you awaken from sleep and have trouble falling asleep again?
- 347 Did you wake unusually early in the morning?
- 348 I used sleep as an escape.
- 349 I fell asleep all the time.
- 350 I needed much more sleep than usual either at night or during the day.
- 351 Did you have bad dreams which woke you when you were asleep?
- 352 I did not feel like sleeping, my appetite was poor.
- 353 How much have you had a loss of appetite?
- 354 My appetite was not as good as it used to be.
- 355 Has your appetite decreased?
- 356 I found food unappealing.
- 357 How often did you lack an appetite?
- 358 Have you been eating less?
- 359 I ate somewhat less than my usual amount of food than usual.
- 360 I felt the need to eat more frequently than usual.
- 361 How much were you dissatisfied by overeating?
- 362 I was bothered by a change in weight.
- 363 I gained too much weight.
- 364 I lost more than five pounds.
- 365 I noticed that I was gaining weight.
- 366 Did you needlessly have digestive physical symptoms, for instance you were constipated?
- 367 Did you needlessly have digestive physical symptoms, for instance you had nausea or other stomach or bowel problems?
- 368 Did you needlessly have digestive physical symptoms, for instance frequent headaches?
- 369 Did you needlessly have digestive physical symptoms, for instance you vomited frequently?
- 370 Were you more sensitive or less sensitive than usual to heat, cold or pain?
- 371 Did your mood become depressed when you had some sort of medical problem such as the flu or a cold?
- 372 Did your mood become more depressed when you took medications, such as antibiotics, contraceptives, or steroids?
- 373 Did you feel as if your body were diseased or somehow transformed?
- 374 Have you felt that you were ill?
- 375 It was difficult that is, more difficult than is common for your friends or acquaintances for you to work or be productive in the early morning.
- 376 It was difficult that is, more difficult than is common for your friends or acquaintances for you to work or be productive in the evening or night.
- 377 Did you become irritable or have difficulty functioning if your daily routine was disrupted (for instance, you had to get up, eat or work at a time that wasn't usual for you)?
- 378 Has there been any time of day when you felt slower and less energetic?
- 379 Did you think that life was not worth living?
- 380 Have you felt that life was not worth living?
- 381 I had a reason for living.
- 382 How often did you feel that others would be better off if you were dead?
- 383 I felt that life was empty or worthless if I was worth living.
- 384 Have you felt that life wasn't worth living?
- 385 Did you think it was worthwhile to die?
- 386 I felt that others would be better off if I were dead.
- 387 How often had suicidal thoughts or wishes you were dead and away from it all?
- 388 Did you want to be dead at times?
- 389 Did you think about killing your own life?
- 390 Did you ever feel like you just couldn't relax or let your guard down?
- 391 How much of the time have you been anxious or worried?
- 392 I felt anxious or tense.
- 393 How much of the time have you been anxious or worried?
- 394 I felt nervous.
- 395 Have you had a significant period that was not a direct result of drug/alcohol use in which you have experienced serious anxiety or tension?
- 396 I felt fearful.
- 397 I felt anxious.
- 398 How much have you felt afraid?
- 399 How much difficulty have you been having in the area of fear, anxiety or panic?
- 400 I felt frightened.
- 401 How much were you dissatisfied by feeling fearful?
- 402 I got a sort of frightened feeling like "butterflies" in my stomach.
- 403 How much have you been bothered by feeling terrified?
- 404 How much have you been bothered by feeling scared?
- 405 Did you feel fearful?
- 406 Did you ever startle easily at the sound of sudden noises, when someone touched you, spoke to you, or approached you unexpectedly?
- 407 How much difficulty have you been having in the area of recognizing and expressing emotions appropriately?
- 408 How often have you experienced cardiovascular or emotional problems?
- 409 How much have you been troubled or bothered by cardiovascular or emotional problems?
- 410 I had chest pain.
- 411 I felt comfortable.
- 412 I felt content.
- 413 I felt pleasant.
- 414 How much of the time have you felt emotionally stable?
- 415 Were you an excessively emotional person?
- 416 How often did you feel emotionally exhausted?
- 417 How often did you experience being troubled?
- 418 I felt upset because I didn't get enough accomplished.
- 419 I was dissatisfied.
- 420 How often did you feel emotionally stable?
- 421 Did you feel difficult getting things done?
- 422 Did you not relax, relax, or flourish?
- 423 How often were you restless and unexpectedly experienced the feeling that things around you were no longer familiar, but were unreal and strange?
- 424 Did you awaken in a panic for no reason?
- 425 I had odd fears, feelings that did not change my behavior or stop me from functioning.
- 426 How often have you been restless or nervous for no good reason?
- 427 How much were you dissatisfied by feeling restless or nervous for no reason?
- 428 Did you feel nervous in crowds?
- 429 How much were you dissatisfied by feelings of tension or panic?
- 430 I had sudden feelings of panic.

- 431 Did you sometimes feel really panicky?
- 432 How do you ever worried about hurting people's feelings because of something you said or did?
- 433 How do you ever worried about disapproval or healthy from others?
- 434 How much did you worry about your safety and security?
- 435 How much did you worry about money?
- 436 Did you worry about almost everything?
- 437 How you worried a bit about things?
- 438 I wished I could get over worrying about the things I have said that may have injured other people's feelings.
- 439 How you feel much sleep over worry?
- 440 I was worrying over possible mishaps.
- 441 I worried about being fired.
- 442 How much were you embarrassed by worrying too much about things?
- 443 Did you find yourself worrying unreasonably about things that did not really matter?
- 444 My worries overwhelmed me.
- 445 Many situations made me worry.
- 446 I could not help myself from worrying about things.
- 447 I worried a bit when I was under pressure.
- 448 I was always worrying about something.
- 449 I found it easy to dismiss worrisome thoughts.
- 450 As soon as I finished one task, I started to worry about everything else I had to do.
- 451 Once I started worrying I couldn't stop.
- 452 I worried about projects until they were all done.
- 453 Worrying thoughts went through my mind.
- 454 Would you say you were a worrier/panic?
- 455 Did my fear/fatigue came from worries, or stress.
- 456 Do you feel worried about your future?
- 457 Did you worry?
- 458 How do you experience a lot of distress because of thoughts that you might lose someone close to you or some harm might come to them?
- 459 Did you worry a lot that something bad would happen to you and lead to separation from someone close to you?
- 460 How you worried that there might be something terrible wrong that you cannot defend?
- 461 I felt uneasy.
- 462 How much have you felt something awful would happen?
- 463 I felt at ease.
- 464 Were you afraid that something bad was going to happen to you?
- 465 How much were you distressed by the feeling that something bad was going to happen to you?
- 466 How much have you been bothered by fear of the worst happenings?
- 467 Did you stay in a relationship even when it was not in your best interest, rather than risk being alone?
- 468 Did you feel that you did not intend to break with you didn't want to because you couldn't see no?
- 469 Did you feel particularly uncomfortable working or playing as part of a team?
- 470 Did you feel particularly embarrassed or uncomfortable meeting a new man?
- 471 Because of fear or unpleasant feelings, how much did you avoid working or projects until they were all done?
- 472 Because of fear or unpleasant feelings, how much would you avoid electronic or movie games?
- 473 Because of fear or unpleasant feelings, how much would you avoid eating or drinking with other people?
- 474 Because of fear or unpleasant feelings, how much would you avoid traveling alone by bus?
- 475 Because of fear or unpleasant feelings, how much would you avoid walking alone in busy streets?
- 476 Because of fear or unpleasant feelings, how much would you avoid being watched or stared at?
- 477 How much were you distressed by having to stand certain things, classes or activities because the host/facilitator was?
- 478 Because of fear or unpleasant feelings, how much would you avoid going into crowded shops?
- 479 Because of fear or unpleasant feelings, how much would you avoid talking to authority?
- 480 Because of fear or unpleasant feelings, how much would you avoid the state of blood?
- 481 Because of fear or unpleasant feelings, how much would you avoid being criticized?
- 482 How much would you avoid going far from home alone because of fear or unpleasant feelings?
- 483 Because of fear or unpleasant feelings, how much would you avoid heights of elevators or bridges?
- 484 Because of fear or unpleasant feelings, how much would you avoid speaking or acting to an audience?
- 485 Because of fear or unpleasant feelings, how much would you avoid being alone in a public place?
- 486 Because of fear or unpleasant feelings, how much would you avoid going to the dentist?
- 487 Because of fear or unpleasant feelings, or stress that came into your head out of the blue?
- 488 How much difficulty have you been having with disruptive or unusual thoughts or beliefs?
- 489 How much difficulty have you been having with disruptive or unusual thoughts or beliefs?
- 490 How much were you distressed by repeated unpleasant thoughts?
- 491 How much were you distressed by having to check and double check what you do?
- 492 Did you have to check things you do to be an unpleasant event?
- 493 Did it irritate you if your normal routine was disrupted?
- 494 How much were you distressed by having to repeat the same actions such as brushing, combing, or washing?
- 495 How much were you distressed by having thoughts about sex?
- 496 How much were you distressed by thoughts and images of a frightening nature?
- 497 Did people ever say you were too conscientious?
- 500 I feel emotionally drained from my work.
- 501 I felt burned out from my work.
- 502 How do you feel about the amount of time you spent on work or other activities as a result of emotional problems?
- 503 How you accomplished less than you would like as a result of emotional problems?
- 504 Did you often or were you told that you seemed very rushed/chaotic?
- 505 Did you often or were you told that you seemed to be in a hurry?
- 506 Did you often or were you told that you found it difficult to look others straight in the eye?
- 507 Did you often feel afraid that someone might misinterpret you or stare?
- 508 Did you often feel afraid to look someone in the eyes because you fear that they could tell what you were thinking or feeling?
- 509 Did you often or were you told that you seemed nervous when it was not necessary?
- 510 Did you often or were you told that you seemed to be nervous?
- 511 Did you often or were you told that you seemed to be nervous?
- 512 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 513 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 514 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 515 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 516 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 517 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 518 Did you often or were you told that you found it difficult to know when to look when talking to someone?
- 519 How much of the time did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?
- 520 How much have you had trouble making decisions?
- 521 I had a change of heart about my life's work.
- 522 How much were you distressed by having difficulty making decisions?
- 523 I found it easy to make decisions.
- 524 How much have you been bothered by not being able to make decisions?
- 525 My thinking was clear.
- 526 I had difficulty concentrating.
- 527 Were you bewildered or confused?
- 528 Did not do work or other activities as carefully as usual.
- 529 How much of the time did you have difficulty doing activities involving concentration and thinking?
- 530 How much were you told that you seemed very rushed/chaotic?
- 531 How much of the time did you find things that someone recently, where you out things or accommodations?
- 532 How much were you told that you seemed very rushed/chaotic?
- 533 How you had difficulty concentrating on things, like reading or watching television?
- 534 How you had difficulty concentrating on things, like reading or watching television?
- 535 How you had difficulty concentrating on things, like reading or watching television?
- 536 How you had difficulty concentrating on things, like reading or watching television?
- 537 How you had difficulty concentrating on things, like reading or watching television?
- 538 How you had difficulty concentrating on things, like reading or watching television?
- 539 How you had any reason to wonder if you were being overreactive?
- 540 How much have you felt afraid of being control?
- 541 How much have you felt like you were being control?
- 542 How much have you felt afraid of being control?
- 543 When I noticed my heart was beating quickly, I worried that I might have a heart attack.
- 544 How much were you distressed by feeling afraid you will faint or dizzy?
- 545 How much have you been bothered by a fear of dizziness?
- 546 How much were you distressed by the idea that something serious was wrong with your body?
- 547 How much were you distressed by the idea that something serious was wrong with your mind?
- 548 How you felt frightened or worried about falling in public?
- 549 Did you experience a lot of distress if you were separated or anticipated separation from home or loved one?
- 550 Do you have trouble going to school or work because of fear of separation?
- 551 Has it been very difficult for you to be alone or with a loved one, either at home or in other places?
- 552 Do you have repeated nightmares about being separated from your family?
- 553 Did you feel nervous or uncomfortable when you were alone outside your home or somewhere far from home?
- 554 Did you feel nervous or uncomfortable when you were alone?
- 555 Did you feel nervous or uncomfortable when you were in a crowded place?
- 556 Did you feel nervous or uncomfortable when you were in a crowded place?
- 557 Did you feel nervous or uncomfortable being in an open space like a town square or a wide street?
- 558 Did you ever feel afraid to go to a doctor?
- 559 I became nervous when I was waiting to see the doctor.
- 560 How much were you distressed by feeling afraid to go to a doctor?
- 561 How much were you distressed by feeling afraid to go to a doctor?
- 562 How much were you distressed by feeling afraid to go to a doctor?
- 563 How much were you distressed by feeling afraid to go to a doctor?
- 564 How much were you distressed by feeling afraid to go to a doctor?
- 565 Did you worry excessively when relatives were late coming home?
- 566 Were you scared of heights?
- 567 How much were you distressed by feeling uneasy in crowds such as shopping or at a movie?
- 568 How much were you distressed by feeling nervous when you were with alone?
- 569 Did you have an unreasonable fear of being in enclosed spaces such as stores, elevators, etc.?
- 570 Did you feel uneasy traveling on buses or the subway even if there were no crowds?
- 571 Do you dislike going out alone?
- 572 How often did you feel trapped?
- 573 When my stomach was upset, I worried that I might be seriously ill.
- 574 It scared me when I was unable to lose my mind on a task.
- 575 Other people noticed when I felt shaky.
- 576 Unusual body sensations scared me.
- 577 It scared me when I was nervous.
- 578 It was important to me not to appear nervous.
- 579 When I couldn't keep my mind on task, I worried that I might be going crazy.
- 580 It scared me when I felt shaky.
- 581 It scared me when my heart beat quickly.
- 582 I embarrassed me when my stomach craved.
- 583 It scared me when I was nauseous or sick to my stomach.
- 584 I had difficulty making doctor decisions.
- 585 It scared me when I became short of breath.
- 586 I had difficulty making doctor decisions.
- 587 How you ever been very worried that people might be critical of you?
- 588 How you ever felt that the fear of being scolded by others affected your relationships?
- 589 How you ever worried that you might be unreasonable to others?
- 590 How you ever worried that others considered you stupid, clumsy or ridiculous?
- 591 Did you feel you were physically unattractive?
- 592 Did you feel you needed to dress in a manner that didn't call any attention to yourself?
- 593 Did you feel particularly embarrassed or uncomfortable when you had to introduce in front of another person?
- 594 When talking on the phone did you sometimes become self-critical of the sound of your voice?
- 595 When talking on the phone did you sometimes find it difficult to understand or remember what the other person said?
- 596 When talking on the phone did you sometimes feel embarrassed to talk when other people were present?
- 597 When talking on the phone did you sometimes find it difficult to think of what to say?
- 598 When attending or giving a party or meeting your friends, did you feel embarrassed or uncomfortable?
- 599 When attending or giving a party or meeting your friends, did you feel afraid of meeting people?
- 600 When attending or giving a party or meeting your friends, did you feel afraid of meeting people?
- 601 When at a party or meeting with your friends, did you feel afraid that you were not interesting?
- 602 When attending or giving a party or meeting your friends, did you feel afraid of being bored?
- 603 When attending or giving a party or meeting your friends, did you feel afraid that your guests might criticize your home or hospitality?
- 604 Did you feel embarrassed or uncomfortable when you had to make someone else's bed together, work on a project, clean a room or clean up in some other activity?
- 605 Did you feel embarrassed or uncomfortable when you had to make someone else's bed together, work on a project, clean a room or clean up in some other activity?
- 606 Did you feel embarrassed or uncomfortable when you had to make someone else's bed together, work on a project, clean a room or clean up in some other activity?
- 607 I was self-conscious about my appearance.
- 608 I felt that people disliked me.
- 609 At parties I was more likely to sit by myself or with just one other person than to join in with the crowd.
- 610 I did not want to be a member of a crowd or team.
- 611 How much were you distressed by feeling shy or nervous with the opposite sex?
- 612 How much were you distressed by feeling shy or nervous with the opposite sex?
- 613 How much were you distressed by feeling shy or nervous with the opposite sex?
- 614 How much were you distressed by feeling shy or nervous with the opposite sex?
- 615 How much were you distressed by feeling shy or nervous with the opposite sex?
- 616 Did you sometimes find yourself nervous or awkward?
- 617 How much were you distressed by feeling shy or nervous when people were talking or talking about you?
- 618 How much were you distressed by feeling shy or nervous when people were talking or talking about you?
- 619 How much were you distressed by feeling shy or nervous when people were talking or talking about you?
- 620 How much were you distressed by feeling shy or nervous when people were talking or talking about you?
- 621 I had difficulty making contact with potential dates.
- 622 How much have you been bothered by not being able to take things in when speaking to people?
- 623 I was more sensitive than usual.
- 624 I felt embarrassed in public.
- 625 I felt worried about other people's reaction to me.
- 626 Did you feel particularly embarrassed or uncomfortable meeting a person of the opposite sex?
- 627 Did you feel that no one could be interested in you romantically?
- 628 Did you feel that it was difficult to accept the advances of someone because you couldn't believe that he or she was really interested in you?
- 629 Did you feel that your partner was looking for your performance during sexual activities?
- 630 Did you feel inadequate in everyday relationships, even with people like co-workers, sales people, or clients?
- 631 Did you feel unable to criticize your partner's behavior when you thought you should?
- 632 Did you feel unable to state your concerns during a discussion?
- 633 Did you feel unable to state your concerns during a discussion?
- 634 Did you feel unable to state your concerns during a discussion?
- 635 Did you feel unable to state your concerns during a discussion?
- 636 Did you feel unable to state your concerns during a discussion?
- 637 Did you feel unable to state your concerns during a discussion?
- 638 Did you feel unable to state your concerns during a discussion?
- 639 How much difficulty have you been having in the area of lack of self-confidence or feeling bad about yourself?
- 640 Did you avoid going to bed because you might become ill or or while asleep?
- 641 Did you feel as though you were about to suffocate because of hot, sticky or humid air, or because of perfume, or other smells?
- 642 Did you feel nervous or uncomfortable because of the day's?
- 643 Did you feel nervous or uncomfortable because of noises, even when the noise was not loud?
- 644 Did you feel nervous or uncomfortable because of a shared view such as too, open sea, or snow landscape?
- 645 Did you feel the darkness starts more carefully than most other people because of feeling nervous or uncomfortable about taking medication?
- 646 I had trouble feeling peace of mind.
- 647 How much of the time have you been a very nervous person?

- 646 How much have you felt nervous?
647 I believe I was more nervous than other people.
648 I have been made especially nervous on one trouble with members of my family.
649 How do you usually feel nervous and upset at the time?
650 How do you feel you couldn't do anything because your nerves were too bad?
651 How much were you distressed by nervousness or shakiness inside?
652 How much have you been bothered by nervousness or your nerves?
653 I feel calm.
654 How much have you been able to relax and enjoy yourself?
655 Did you feel tense?
656 How tense or anxious have you been?
657 I feel relaxed.
658 How do you feel constantly under strain?
659 Have you felt overwhelmed and found everything getting on top of you?
660 I was relaxed.
661 Did you often feel tense or strung-up inside?
662 How much were you distressed by feeling tense or keyed up?
663 How much have you been bothered by being unable to relax?
664 How tense did you feel?
665 How often did you feel that the changes in your life were overwhelming?
666 How much have you been restless?
667 How much have you felt "on edge" or keyed up?
668 How much were you distressed by feeling so restless you couldn't sit still?
669 Did you feel uneasy or restless?
670 I have been restless and couldn't keep still.
671 Have you felt restless, fidgety, or impatient?
672 How much have you been physically started?
673 Did you often consider physical symptoms when separated from someone close to you, or when you thought you might be separated from someone close to you?
674 Have you ever suddenly and unexpectedly experienced feeling cut-off from yourself or from parts of your body?
675 Did you feel as if something had broken in your brain or nerves?
676 Have you noticed that any of the above symptoms come on very easily when you're in a stressful situation, even when it was not that severe?
677 Have you noticed that any of the above symptoms come on very often or a stressful situation is over?
678 Did you experience any of the above symptoms when you used coffee, tea or other caffeinated beverages?
679 Did you experience any of the above symptoms when you used cold medicine, nasal sprays, throat lozenges, or antidepressant medications?
680 Did you experience any of the above symptoms when you used cocaine, amphetamines, or other uppers?
681 Did you avoid taking prescribed medications because you thought they might hurt you?
682 Have you been afraid of or did you avoid taking a prescribed medication because you thought it might cause you permanent brain damage?
683 Have you worried a lot that there might be something terrible wrong with you physically, as if, for instance, you were about to have a heart attack, stroke, suffocation, or die?
684 Did you worry about having a serious physical illness when you heard about someone else who had?
685 Did you worry about reading medical journals or papers in medical news?
686 Did you worry about getting results of lab tests or having your pulse or blood pressure checked?
687 Did you worry about seeing medical tests or reports in medical news?
688 Did you feel that you needed to be comforted and reassured by your friends and family?
689 Did you seek help from your general, private, friends or neighbors because of these symptoms?
690 Did you use emergency services or call a doctor at home because you needed reassurance?
691 Did you request admission to a hospital or be admitted or reassured even though your doctor didn't recommend it?
692 Did you have your pulse or blood pressure checked repeatedly, even though your doctor didn't recommend it?
693 Did you make repeated telephone or social diagnostic procedures even though your doctor didn't recommend it?
694 Did you ask for medical lab tests even when your doctor didn't recommend them?
695 Did you check to see whether there was a doctor or emergency service nearby when you were alone somewhere new?
696 In order to cope with the above symptoms did you need to have someone with you most of the time?
697 In order to cope with the above symptoms did you need to be near the exit at the movie, theater, church or similar places?
698 In order to cope with the above symptoms did you need to take a cellular phone with you or check for the availability of a public telephone in the place where you were going?
699 In order to cope with the above symptoms, did you need to be sure you had translations in your pocket or purse, although your doctor hadn't prescribed them, or prescribed them in the past but thought they weren't necessary anymore?
700 In order to cope with the above symptoms did you need to take a bottle of water or another beverage with you when you were somewhere?
701 In order to cope with the above symptoms did you need to wear a hat when you went out?
702 In order to cope with the above symptoms did you need to take a good lock charm with you?
703 In order to cope with the above symptoms did you need to wear sunglasses, even in dark environments?
704 In order to cope with the above symptoms did you need to take a good lock charm with you?
705 In order to cope with the above symptoms did you need to use alcohol or sedatives?
706 In order to cope with the above symptoms did you need to have a special relationship with doctors to be sure they would take good care of you?
707 In order to cope with the above symptoms did you need to keep a knife on in the bedroom in order to fall asleep?
708 I worried about things.
709 I worried that my condition will get worse.
710 I had a phobia in water.
711 I worried about the effect of stress on my illness.
712 Did you feel worried about your health problems?
713 Were you afraid because of your health?
714 Did you feel despair over your health problems?
715 I worried about catching diseases.
716 I was worried about physical problems such as aches and pains, upset stomach or constipation.
717 I have been concerned about my health.
718 How much were you distressed by thoughts of death or illness?
719 Was so sick I thought I might die.
720 Did you feel yourself worried about getting serious incurable illness?
721 I realized that I am being worried.
722 Have you ever suddenly and unexpectedly experienced your heart pounding, racing, or skipping?
723 Have you ever suddenly and unexpectedly experienced feeling chest pain or pressure?
724 How much have you had fast heart beats?
725 How much have you had a racing or pounding heart?
726 How much were you distressed by beats in your heart or chest?
727 How much were you distressed by your heart pounding or racing?
728 Did you often feel nervous or fluttery in the heart?
729 How much have you been bothered by your heart pounding or racing?
730 My heart beat faster than normal.
731 I had trouble breathing.
732 How much have you had shortness of breath?
733 How much have you been bothered by difficulty breathing?
734 Were you troubled by dizziness or shortness of breath?
735 Have you ever suddenly and unexpectedly experienced feeling nauseated, having an upset stomach, or diarrhea?
736 Did you feel that you could not eat or breathe normally?
737 Did you often have the urge to urinate?
738 How much have you had difficulty feeling the full of your stomach?
739 How much have you had diarrhea?
740 How much have you had nausea or sick to your stomach?
741 How much have you had an upset stomach?
742 How much have you been bothered by nausea or upset stomach?
743 Did you often feel sick or have indigestion?
744 I had trouble with constipation.
745 Have you ever suddenly and unexpectedly experienced feeling dizzy, unsteady, or faint?
746 Have you ever suddenly and unexpectedly experienced having fainting or dizziness?
747 Did you often tremble?
748 Did you often tremor?
749 Did you often sweat?
750 How easily did you get tired?
751 How much have you often felt tired easily?
752 How much have you felt fatigued easily?
753 How much have you had to frequently urinate?
754 How much have you had shaky hands?
755 How much have you had cold or sweaty hands?
756 How much have you had dizziness or lightheadedness?
757 How much have you had dry mouth?
758 How much have you had hiccups or hiccups muscles?
759 How much have you had tense or sore muscles?
760 How much have you been numbness or tingling?
761 How much have you felt numbness or tingling?
762 How much have you felt numbness or tingling?
763 How much difficulty have you had to have in the area of physical symptoms for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness?
764 I felt pain in the back of my neck.
765 How do you feel tremors?
766 I felt nervous or on edge.
767 I felt dizzy.
768 How much were you distressed by headache?
769 How much were you distressed by lightheadedness or dizziness?
770 How much were you distressed by tremors?
771 How much were you distressed by upset appetite?
772 How much were you distressed by pains in your lower back?
773 How much were you distressed by pains in your cold sores?
774 How much were you distressed by numbness or tingling in parts of your body?
775 How much were you distressed by your feeling weak in parts of your body?
776 How much were you distressed by heavy feelings in your arms and legs?
777 How much have you been bothered by feeling hot?
778 How much have you been bothered by coldness in your feet?
779 How much have you been bothered by feeling numbness?
780 How much have you been bothered by feeling shaky?
781 How much have you been bothered by feeling hot?
782 How much have you been bothered by feeling hot?
783 How much have you been bothered by feeling hot?
784 How much have you been bothered by sweating too hot to deal?
785 How do you feel as though you might faint?
786 I got tired for no reason.
787 To what degree did fatigue cause you distress?
788 Did you feel as if you were walking on foam rubber or had the sensation that your legs were airy?
789 Did you feel as if you were walking on clouds, or the way your legs were made of soap?
790 How much did any sleep problems worry you?
791 Have you had physical sensations, such as numbness, tingling, weakness, headache, etc.?
792 How do you feel trouble sleeping?
793 Did you have trouble sleeping?
794 Did tension prevent you from falling asleep?
795 My sleep was restless.
796 How much of the time have you had trouble falling asleep?
797 How much of the time have you had trouble staying asleep?
798 I don't sleep as well as usual.
799 More than half the time I wake up more than 30 minutes before I needed to get up.
800 How do you feel trouble staying asleep?
801 I had a restless, hot sleep with a few brief awakenings each night.
802 How much were you distressed by trouble falling asleep?
803 Could you fall asleep quickly?
804 Did you have bad dreams which upset you when you wake up?
805 How much were you distressed by awakenings in the night moments?
806 How much were you distressed by sleep that is restless or disturbed?
807 Did you feel overly tired and exhausted?
808 How often did you feel that your sleep was not quite improve restfully, feeling tense, soaking, etc., while sleeping?
809 How often did you feel that your sleep was not quite improve restfully, feeling tense, soaking, etc., while sleeping?
810 How often did you feel that your sleep was not quite improve restfully, feeling tense, soaking, etc., while sleeping?
811 How often did you feel that your sleep was not quite improve restfully, feeling tense, soaking, etc., while sleeping?
812 How often did you feel that your sleep was not quite improve restfully, feeling tense, soaking, etc., while sleeping?
813 Did you wake up usually early in the morning?
814 Have you slept more than usual in response to physical health or emotional problems?
815 Have you ever suddenly and unexpectedly experienced the feeling that you are choking?
816 Have you ever suddenly and unexpectedly experienced feeling or numbness in parts of your body?
817 Did you feel that you had had your arms or hands for a few seconds?
818 Did you often faint?
819 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
820 Did you avoid having anesthesia or taking sleeping pills because you might feel sick or even die while going to sleep?
821 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
822 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
823 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
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857 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
858 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?
859 Did you ever experience risk-taking behaviors, such as driving fast, consuming sex, hanging out in dangerous neighborhoods?
860 How do you feel trouble going to sleep without someone nearby, or trouble sleeping away from home?

- 861 Have you been the type of person or have others told you that you often engage in reckless or dangerous activities?
- 862 Have you had periods of at least 3 days in which you felt a particularly intense remorse?
- 863 Have you had periods of at least 3 days in which you felt as if you would like to run away from your current life, for example, by getting on the highway and driving away or just getting on a bus or plane with no destination in mind?
- 864 Have you had periods of at least 3 days in which you felt surrounded by hostility, as if everybody was against you, for example, you thought the everybody accused and hated you?
- 865 Have you had periods of at least 3 days in which you felt surrounded by hostility, as if everybody was against you, for example, you felt as if everybody was looking at you?
- 866 Have you had periods of at least 3 days in which you felt surrounded by hostility, as if everybody was against you, for example, you thought you were being persecuted or that you were wanted by the police?
- 867 Have you had periods of at least 3 days in which you felt as if everyone was talking about you?
- 868 Did you ever feel that you were especially worthless, or alone, or in a quandary, for example, thinking you're too low or what was around you, feeling uncomfortable with your back to the door or needing to have your bed in a protected position?
- 869 Have you had periods of at least 3 days in which you were preoccupied with yourself and your own problems, thoughts, and feelings?
- 870 Have you had periods of at least 3 days in which you were preoccupied with money even though you didn't have any real financial problems?
- 871 Have you had periods of at least 3 days in which you felt self-assured, charming or tended to assume a leadership role?
- 872 Have you had periods of at least 3 days in which you felt you were always right, incapable of making mistakes and reluctant to criticize?
- 873 Have you had periods of at least 3 days in which you thought that you could make decisions for others because you knew their thoughts, intentions, or wishes?
- 874 Have you had periods of at least 3 days in which you felt unusually high self-esteem, feelings of superiority or omniscience, ideas that you had amazing abilities, talents, knowledge or powers?
- 875 Have you had periods of at least 3 days in which you felt that your ideas came and went unusually easily, as if your thoughts were scarce?
- 876 Have you had periods of at least 3 days in which you felt that your thoughts and ideas all at once that you found it difficult to express them?
- 877 Have you been the type of person or have others told you that you often follow your instinct without really thinking about what you are doing?
- 878 Have you had periods of at least 3 days in which you felt voice speaking against you, or voices that were hostile to you or were at you?
- 879 Have you had periods of at least 3 days in which you heard voices clearly?
- 880 Have you had periods of at least 3 days in which you or others thought you were very artistic or creative?
- 881 Have you had periods of at least 3 days in which you had bursts of inspiration or creativity (for instance, rapidly and easily wrote prose or poetry or composed music, painted, sculpted, or did other crafts)?
- 882 Have you had periods of at least 3 days in which you were especially witty, witty, brilliant and witty?
- 883 Have you had periods of at least 3 days in which you felt like you had ESP?
- 884 Have you had periods of at least 3 days in which you were especially wary about, fearful and nervous?
- 885 Have you had periods of at least 3 days in which you felt a strong need to take refuge in religion or prayer?
- 886 Have you had periods of at least 3 days in which you were especially apologetic or mystical?
- 887 Have you had periods of at least 3 days in which you felt direct access to the truth, could see the grand scheme of things, understand the meaning of existence?
- 888 Have you had periods of at least 3 days in which you felt mystical experiences or visions?
- 889 Have you had periods of at least 3 days in which you felt starkly aware and lucid, resistant to stresses and accidents?
- 890 Have you had periods of at least 3 days in which you found that your mood, interest, energy and efficiency increased if you were in a regular routine?
- 891 Have you had periods of at least 3 days in which you were the kind of person whose mood, energy and physical well-being changed over the course of your menstrual cycle?
- 892 Have you had periods of at least 3 days in which you were the kind of person whose mood, energy and physical well-being changed when you travelled across more than 4 time zones?
- 893 Have you had periods of at least 3 days in which you were the kind of person whose mood, energy and physical well-being changed when you travelled across at least 4 time zones?
- 894 Have you had periods of at least 3 days in which you were the kind of person whose mood, energy and physical well-being changed in a noticeable way in response to the weather?
- 895 Have you had periods of at least 3 days in which the quality of your sleep or your need for sleep decreased when you travelled across at least 4 time zones?
- 896 Have you had periods of at least 3 days in which you had a lot of difficulty sleeping before or after a stimulating physical, social, or professional activity?
- 897 Have you had periods of at least 3 days in which you were very tired for days without sleeping or with much less sleep than usual but didn't feel tired?
- 898 Have you had periods of at least 3 days in which you were very tired for days without sleeping or with much less sleep than usual but didn't feel tired?
- 899 Have you had periods of at least 3 days in which you were very tired for days without sleeping or with much less sleep than usual but didn't feel tired?
- 900 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 901 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 902 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 903 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 904 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 905 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 906 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 907 Have you had periods of at least 3 days in which you frequently changed sexual partners?
- 908 How much of the time did you have difficulty concentrating on things, like reading a newspaper or watching television?
- 909 How much of the time did you have difficulty concentrating on things, like reading a newspaper or watching television?
- 910 How much of the time did you have difficulty concentrating on things, like reading a newspaper or watching television?
- 911 I have been restless and couldn't leave bed.
- 912 I feel that everything is an effort.
- 913 How much have you felt tired or sluggish?
- 914 I feel that everything is an effort.
- 915 How much have you felt tired?
- 916 Did you feel lousy?
- 917 How much have you blamed yourself for things?
- 918 How much were you depressed by things you could not control?
- 919 I had difficulty concentrating.
- 920 How much difficulty have you been having in the area of confusion, concentration, or memory?
- 921 Did you feel persistently sad or empty, blue, or down in the dumps?
- 922 I felt sad.
- 923 How much of the time did you feel depressed?
- 924 How much of the time have you felt downhearted and blue?
- 925 How much did you feel depressed or downhearted?
- 926 Did you experience any periods of sadness or depression?
- 927 How much have you felt nothing was interesting or fun?
- 928 How much were you depressed by things that seemed to interest others?
- 929 How much have you felt that nothing was enjoyable?
- 930 Did you think about killing yourself?
- 931 I felt that life was empty or worthless if I was worth less.
- 932 How often did you feel that others would be better off if you were dead?
- 933 How often did you feel that others would be better off if you were dead?
- 934 How often did you feel that others would be better off if you were dead?
- 935 In the last 3 months, have you been interested in or actually worked out, the specific details of how to kill yourself and did you actually intend to carry out the details of your plan?
- 936 In the last 3 months, have you been interested in or actually worked out, the specific details of how to kill yourself and did you actually intend to carry out the details of your plan?
- 937 How much have you talked about suicide?
- 938 How much have you talked about suicide?
- 939 How much have you talked about suicide?
- 940 How much were you depressed by feelings of isolation or loneliness?
- 941 I feel isolated.
- 942 I feel isolated.
- 943 I feel isolated.
- 944 Did you have difficulty talking to people?
- 945 How much were you depressed by feelings of isolation or loneliness?
- 946 How much were you depressed by feelings of isolation or loneliness?
- 947 Because of fear or enhanced feelings, how much would you avoid eating or drinking with other people?
- 948 How much were you depressed by having to avoid certain things, places or activities because they frightened you?
- 949 How much would you avoid eating or drinking with other people?
- 950 How much difficulty have you been having with discipline or great thoughts or beliefs?
- 951 How much were you depressed by feelings of isolation or loneliness?
- 952 How much of the time did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?
- 953 Were you overwhelmed or confused?
- 954 How much have you felt confused?
- 955 Did you feel that you were unable to be in control of your behavior?
- 956 Have you worried a lot that there might be something terrible wrong with you mentally, like losing your mind or losing control?
- 957 Have you had trouble making decisions?
- 958 How much have you felt afraid of being alone?
- 959 How much have you felt afraid of being alone?
- 960 How much were you depressed by the idea that something was wrong with your mind?
- 961 Did you feel you were unable to make up your mind?
- 962 I scared me when I was nervous.
- 963 Which couldn't keep my mind and talk, I worried that I might be more crazy.
- 964 I felt that people disliked me.
- 965 How much were you depressed by feelings that people were unfriendly or disliked you?
- 966 How much were you depressed by feelings that people were unfriendly or disliked you?
- 967 How much were you depressed by feelings that people were unfriendly or disliked you?
- 968 Did you feel inadequate in everyday relationships, even with people like close workers, sales people, or peers?
- 969 How much difficulty have you been having in the area of confidence or self-confidence, like feeling bad about yourself?
- 970 I worried that my condition will get worse.
- 971 How much were you depressed by feelings of death or doom?
- 972 I felt sad.
- 973 How often did you have negative feelings, such as bleak mood, despair, anxiety, depression?
- 974 I feel empty.
- 975 How much of the time did you feel depressed?
- 976 I feel depressed.
- 977 How much of the time have you felt downhearted and blue?
- 978 How much have you been troubled or bothered by emotional or emotional problems?
- 979 How much of the time have you been in low or low spirits?
- 980 How much were you depressed by feelings of isolation or loneliness?
- 981 I was unhappy.
- 982 I was unhappy.
- 983 How often did you feel sad?
- 984 How often have you felt low spirits?
- 985 How often have you felt low spirits?
- 986 How often have you felt low spirits?
- 987 How often have you felt low spirits?
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- 1000 How often have you felt low spirits?

6536 The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.
6537 The patient is distracted by nearby stimuli, which interrupts the flow of speech.
6538 A pattern of speech in which sounds rather than meaningful relationships govern word choice.
6539 I have experienced hearing voices, noises, music, etc.
6540 I hear a voice commenting upon what I am doing or thinking.
6541 I have had visions, or seen things that are invisible to other people.
6542 I see and/or hear things that other people do not, but I know that they are real.
6543 I have had the feeling that I was being controlled by some force or power outside of myself, as though I was a robot and without a will of my own.
6544 I have felt that my thoughts were broadcast to other people like I was thinking.
6545 I feel that thoughts were put into my head that were not my own.
6546 I feel that thoughts were taken away from me by some external force.
6547 I feel that things in the world do not make sense and that I am living in a false world or parallel universe.
6548 I feel that my body and organ systems are diseased.
6549 I feel that I am living in a fantasy world, for example when people from another world are talking to me.
6550 I feel that I have committed a crime, or have done some terrible things and deserve punishment.
6551 I feel that I am a particularly important person or that I have special powers or abilities.
6552 I feel that I have infinite power.
6553 I am concerned/preoccupied about something, but other people do not believe me.
6554 There were times that I spoke very rapidly or talked on and on and couldn't be stopped.
6555 There were times when I was unable to sit still or always had to be moving or pacing up and down.
6556 There was a time when I was more active or involved in things compared to the way I usually am.
6557 I have done things to call attention to myself the way I dressed or acted.
6558 I hear voices, noises, or other sounds that no one else hears.
6559 I hear a voice which makes a running commentary on my behavior or thoughts.
6560 I hear two or more voices conversing.
6561 I have experienced peculiar physical sensations in my body.
6562 I see shapes or people that are not actually present.
6563 I see and/or hear things that others do not frequently and they affect my life.
6564 I have special powers or abilities.
6565 I am preoccupied with thoughts of a religious nature.
6566 My body is diseased, abnormal, or has changed.
6567 I believe that significant events or events affect me or have special meaning.
6568 People can read my mind or know my thoughts.
6569 My thoughts have been taken away from my mind.
6570 Thoughts that are not my own have been inserted into my mind.
6571 My thoughts have been broadcast to other people or moved into other people's heads.
6572 I have a set of repetitive actions or rituals that I must perform over and over.
6573 My behavior deviates from social norms that most other people conform to.
6574 When I speak, my ideas slip off track into unrelated topics.
6575 I feel emotionally withdrawn, lack spontaneity, and am isolated from others.
6576 My movements are unusual and unusual.
6577 My emotions are inconsistent with what I am talking about (e.g., I smile when talking about someone's death).
6578 My emotions are inappropriate for the situation.
6579 When I respond to questions, my answers are vague, very concrete, and convey little information.
6580 My train of thought is interrupted.
6581 I take a long time to reply to questions.
6582 I have difficulty having normal conversations.
6583 My clothes are shabby or soiled, and I have greasy hair and body odor.
6584 I have difficulty seeking or maintaining employment, continuing schoolwork, keeping up my house, etc.
6585 I feel drained of energy and tired in normal life.
6586 I have few or no friends and prefer to spend all of my time isolated.
6587 I am uninvolved or uninterested. I feel "hollow."
6588 I have trouble subtracting numbers or spelling words backwards.
6589 I am having trouble concentrating on the interview.
6590 I am confused, disoriented, disorganized, and/or derailed.
6591 I feel disoriented and am often confused about where I am talking to, where I am and what time it is.
6592 I am aware that I have a psychosomatic illness and am dealing with its effects.
6593 I see things that are unrelated to each other, for example, "The bird. All people have eyes."
6594 When I talk, I have trouble conveying information, because of being vague and using obscure phrases.
6595 When I talk, I have trouble creating a logical connection between words and phrases and have abrupt changes in subject matter.
6596 My speech is essentially incomprehensible at times.
6597 When I talk, the conclusions I reach do not follow logically from what I am saying.
6598 When I speak, I have trouble expressing the idea that I am trying to convey.
6599 I have trouble communicating with others.
6600 I feel heightened emotions, isolation, and/or increased reactivity.
6601 There have been times when I felt very good or too cheerful or high, not just my normal self.
6602 I have felt more self-confident than usual. I have felt that I am a particularly important person or that I had special talents or abilities.
6603 I feel that I have too ideas in store for me in the future, such as I will be president or walk on the moon.
6604 I am very irritable, annoyed, and/or angry.
6605 My speech is accelerated and I change topics frequently.
6606 I do things considered inappropriate according to usual social norms (e.g., masturbating in public).
6607 I believe in an aggressive, violent manner, often unnecessarily.
6608 I reply to questions in with answers that do not make sense to the person I am talking to.
6609 My speech is rapid and difficult to interrupt; the amount of my speech is greater than what is considered normal.
6610 When I am talking, I am distracted by nearby things, which interrupt my flow of speech.
6611 When I talk, I choose words based on how they sound rather than their true mean.
6612 How much were you bothered by repeated, disturbing, and unwanted memories or images of a very stressful experience?
6613 How much were you bothered by negative beliefs or actions as if a very stressful experience were actually happening again (as if you were actually back there reliving it)?
6614 How much were you bothered by feelings very upset when someone reminded you of a very stressful experience?
6615 How much were you bothered by having strong physical reactions when something reminded you of a very stressful experience (for example, heart pounding, trouble breathing, sweating)?
6616 How much were you bothered by negative memories, thoughts, or feelings related to a very stressful experience?
6617 How much were you bothered by trouble remembering important parts of a very stressful experience?
6618 How much were you bothered by having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
6619 How much were you bothered by having strong negative feelings such as fear, horror, anger, guilt, or shame?
6620 How much were you bothered by loss of interest in activities that you used to enjoy?
6621 How much were you bothered by feeling distant or out of touch from other people?
6622 How much were you bothered by irritability, behavior, angry outbursts, or active aggressiveness?
6623 How much were you bothered by trouble experiencing positive feelings (for example, being unable to feel happiness or have happy feelings for people close to you)?
6624 How much were you bothered by irritability, behavior, angry outbursts, or active aggressiveness?
6625 How much were you bothered by having "buzzer alerts" or "warning" or "on guard"?
6626 How much were you bothered by having trouble or easily startled?
6627 How much were you bothered by having difficulty concentrating?
6628 How much were you bothered by trouble talking or staying asleep?
11713 #5 How many days in the past 30 days have you used in the past 12 months on average, how many days per month did you use? During your adult lifetime on average, how many days per month did you use marijuana?

Attachment D

Household Screening PAPI Instrument

- 1) Paper and Pencil Household Screener

NSMH

National Study of Mental Health

Screening Survey

Your address was randomly chosen for the National Study of Mental Health. This is a research study about mental health and tobacco, alcohol and drug use. If you choose to take part in the study, you will be one of about 44,500 people to do so.

We would like to conduct a short screening survey with you to determine if you are eligible to be interviewed for the overall study.

If you decide to participate you can complete the screening survey online or by telephone, by mail, or a professional interviewer will come to your home to complete the survey in person. For more information please see the invitation letter you received.

The screening survey should take about 15 minutes to complete and to show our appreciation you will receive \$20. A check for \$20 will be mailed to you if you complete this paper screening survey. Or, you may receive a \$20 electronic pre-paid Visa if you choose to complete the online or telephone screening survey, or \$20 in cash if you complete the screening survey with an interviewer in your home. This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. You might find some of the questions we ask to be upsetting or stressful. Your participation is voluntary, and you can refuse to answer any questions.

It is up to you whether or not to be in this study. The following information is meant to help you decide.



General Information

This study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), collects information for research and program planning by asking about:

- Mental health;
- Health behaviors;
- Access to, and use of, medical care or treatment; and
- Tobacco, alcohol, and drug use or non-use.

We will be asking questions about substance abuse and mental health. You cannot be identified through any information you give us. Your name and address will never be connected to your answers. In addition, federal law requires us to keep all your answers confidential. Any answers you give will only be used by authorized researchers for statistical purposes. Your participation is voluntary and you can stop at any time. Your alternative is not to participate, and there is no expected benefit to you from your participation in the study.

This screening survey will take about 15 minutes and we will send you a \$20 check through the mail when you finish. We will request your email address at the end of this survey which will only be used to contact you if you are selected for the main interview. It will not be stored with your answers. We included a stamped business return envelope so there will be no additional cost to you for participating in this short survey.

If you are chosen for the main interview, it will be done on a different day that we will schedule at your convenience. The interview takes about 80 minutes, on average.

Each person who is chosen and completes the main interview will receive a \$30 electronic gift card, a \$30 check, or \$30 cash if in person.

Protecting Your Confidentiality

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell us about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

Whom To Contact About This Study

During the study, if you have questions, concerns or complaints about the study, please contact the project at 833-947-2575.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call toll free: 877-992-4724
- or by email: adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser: Pro00042170.



BACKGROUND INFORMATION

1. How old are you?

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years old

2. What is your sex?

- Male
- Female

3. This question is about your overall health. Would you say your health in general is:

- Excellent
- Very Good
- Good
- Fair
- Poor

EMOTIONS AND MOOD

The next questions are about emotional difficulties you might have experienced at some time in the past year.

4. Almost everyone has times when they feel sad, depressed, or discouraged about how things are going in their life. Think about a time in the past 12 months lasting 2 weeks or longer when you had the strongest feelings of this sort. During those 2 weeks, how often did you have each of the following feelings?

If you are one of the few people that never had such times, mark "None of the time" to all the following questions.

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Felt sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Felt discouraged about how things were going in your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Took little or no interest or pleasure in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt down on yourself, no good, or worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Think about a time lasting 6 months or longer in the past 12 months when you had the strongest feelings of worry and anxiety. During those 6 months, how often did you have each of the following feelings?

	Just about every day	More days than not	1-3 days a week	Less than 1 day a week	Never
a. You felt worried or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You worried about a number of different things in your life, such as your work, family, health, or finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You felt more worried than other people in your same situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You had trouble controlling your worry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. The next question is about whether you ever in your life had an episode lasting 4 days or longer when your mood was either much higher than usual most of the day, much more irritable than usual most of the day, or a mix of these things.

During these episodes, people are often much more excitable than usual or are extremely self-confident or optimistic. They often do things they would normally not do. And this sometimes gets them into trouble or puts them at risk of trouble.

With this definition in mind, did you ever in your life have an episode of this sort lasting 4 days or longer?

- Yes
- No → *Skip to question 8*

7. What is the longest episode of this sort you ever had in your life?

- 4 to 7 days
- 8 to 14 days
- More than 14 days

8. Many people have extremely stressful experiences that affect them psychologically for many years. Think of a time lasting 1 month or longer in the past 12 months when you had the most severe reactions to such an extremely stressful experience. During that month, how much were you bothered by each of the following problems:

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. Suddenly feeling or acting as if the stressful experience were actually happening again – as if you were actually back there reliving it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Avoiding external reminders of the stressful experience, for example, people, places, conversations, activities, objects, or situations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling emotionally distant or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Irritable behavior, angry outbursts, or acting aggressively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ALCOHOL AND DRUG USE

9. During the past 12 months, how often did you have a drink containing alcohol?

- Never → **Skip to question 11**
- Once a month or less often
- 2 to 4 times a month
- 2 to 3 times a week
- 4 times a week or more

10. During the past 12 months, how many drinks containing alcohol did you have on a typical day when you drank?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

11. These next questions are about drug use. "Drug use" refers to:

- Use of marijuana or cannabis,
- illegal drug use,
- use of prescribed drugs without your own prescription, and
- use of prescribed drugs in greater amounts, more often, or longer than you were told to take them.

The various classes of drugs include cannabis, which includes marijuana and hashish, cocaine, methamphetamine, heroin, fentanyl, hallucinogens (such as LSD), and prescription medications such as benzodiazepines (such as Xanax, Ativan), stimulants (such as Ritalin, Adderall) and opioids (such as hydrocodone, oxycodone).

During the past 12 months, how often did you use drugs other than alcohol?

- Never → **Skip to question 13**
- Once a month or less often
- 2 to 4 times a month
- 2 to 3 times a week
- 4 times a week or more

12. During the past 12 months, how often were you influenced heavily by drugs other than alcohol?

- Never
- Less often than once a month
- Every month
- Every week
- Daily or almost daily

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UNUSUAL EXPERIENCES

13. This question asks about unusual experiences, like seeing visions or hearing voices. Recent research suggests that they are common and may be normal, but we do not know exactly how common because this is the first large-scale survey to ask about them comprehensively. So please take your time and think carefully before answering the following questions.

Please do not count times you had these experiences when you were having a fever, dreaming, half-asleep, or under the influence of alcohol or drugs.

Not counting those things, did you ever in your life have any of the following experiences?

	Yes	No
a. The first one is seeing a vision that other people said was not there like a face, an animal, a figure, or colors. Remember not to count times when you were having a fever, dreaming, half-asleep or under the influence of alcohol or drugs. Did you ever see a vision at any other time?	<input type="radio"/>	<input type="radio"/>
b. Did you ever hear voices that other people did not hear like voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around?	<input type="radio"/>	<input type="radio"/>
c. Did you ever believe that some mysterious force was inserting thoughts that were definitely not your own thoughts, directly into your head by means of x-rays, laser beams, or other methods?	<input type="radio"/>	<input type="radio"/>
d. Did you ever believe your thoughts were being stolen out of your mind by some force?	<input type="radio"/>	<input type="radio"/>
e. Did you ever think your mind was being taken over by forces with laser beams or other methods that were making you do things you did not choose to do?	<input type="radio"/>	<input type="radio"/>
f. Did you ever think some force was trying to communicate directly with you by sending special signs or signals, like through the radio or television, that you could understand but that no one else could understand?	<input type="radio"/>	<input type="radio"/>
g. Did you ever believe there was a plot to harm you or to have people follow you, but your friends or family did not think this was true?	<input type="radio"/>	<input type="radio"/>

HEALTH AND HEALTH CARE

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

- Yes
- No

15. Are you currently receiving disability benefits such as SSI (Supplemental Security Income), SSDI (Social Security Disability Insurance), or disability benefits from the VA (U.S. Department of Veterans Affairs)?

- Yes
- No → *Skip to question 19*

16. Are you currently receiving disability benefits for problems with your physical health?

- Yes
- No

17. Are you currently receiving disability benefits for problems with emotions nerves, or mental health?

- Yes
- No → *Skip to question 19*

18. Which of the following mental health problems are reasons for your disability:

	Yes	No
a. Depression	<input type="radio"/>	<input type="radio"/>
b. Bipolar disorder	<input type="radio"/>	<input type="radio"/>
c. Post-traumatic stress disorder	<input type="radio"/>	<input type="radio"/>
d. Schizophrenia or schizoaffective disorder	<input type="radio"/>	<input type="radio"/>
e. Any other mental health problem	<input type="radio"/>	<input type="radio"/>

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19. Below is a list of health conditions. Have you ever been told by a doctor or other health care professional that you had any of these conditions?

	Yes	No
a. Diabetes	<input type="radio"/>	<input type="radio"/>
b. Heart problems	<input type="radio"/>	<input type="radio"/>
c. Cancer	<input type="radio"/>	<input type="radio"/>
d. Any other life-threatening or seriously impairing physical health problem	<input type="radio"/>	<input type="radio"/>
e. Depression	<input type="radio"/>	<input type="radio"/>
f. Mania, manic-depression, or bipolar disorder	<input type="radio"/>	<input type="radio"/>
g. Schizophrenia or schizoaffective disorder	<input type="radio"/>	<input type="radio"/>
h. Any other seriously impairing emotional health problem	<input type="radio"/>	<input type="radio"/>

20. About how tall are you, without shoes?
Please enter your height in feet and inches.

feet inch(es)

21. About how much do you weigh in pounds?

pounds

22. Next are a few questions about your personal experiences with the Coronavirus Disease 2019 pandemic, also referred to as COVID-19.

Since the beginning of the COVID-19 pandemic, ...

	Yes	No	Does not apply
a. Did you think or know that you had COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At any time, did you test positive for the COVID-19 virus or for COVID-19 antibodies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were you yourself hospitalized due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Was someone in your immediate family or close friend(s) hospitalized due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did someone in your immediate family or close friend(s) die due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How much, if at all, has the coronavirus pandemic negatively affected your emotional or mental health?

- Not at all
- A little
- Some
- Quite a bit
- A lot

24. How much, if at all, has the coronavirus pandemic affected the amount of alcohol you drink?

- I drink **much less** than I did before the coronavirus pandemic began
- I drink a **little less** than I did before the coronavirus pandemic began
- I drink **about the same** amount as I did before the coronavirus pandemic began
- I drink a **little more** than I did before the coronavirus pandemic began
- I drink **much more** than I did before the coronavirus pandemic began
- Not applicable - I do not drink alcohol

25. How much, if at all, has the coronavirus pandemic affected your use of drugs other than alcohol?

By drugs we mean various classes of drugs including cannabis, which includes marijuana and hashish, cocaine, methamphetamine, heroin, fentanyl, hallucinogens (such as LSD), and use of prescription medication that you took without your own prescription or in greater amounts, more often or for longer than you were told to take them. These prescription medications include benzodiazepines (such as Xanax, Ativan), stimulants (such as Ritalin, Adderall) and opioids (such as hydrocodone, oxycodone).

- I use **much less** than I did before the coronavirus pandemic began
- I use a **little less** than I did before the coronavirus pandemic began
- I use **about the same** amount as I did before the coronavirus pandemic began
- I use a **little more** than I did before the coronavirus pandemic began
- I use **much more** than I did before the coronavirus pandemic began
- Not applicable - I do not use drugs

YOUR BACKGROUND

26. Are you now married, widowed, divorced, separated, or have you never married?

- Now married → **Skip to question 28**
- Widowed
- Divorced
- Separated
- Never married

27. Are you now living with a partner?

- Yes
- No

28. Are you of Hispanic, Latino or Spanish origin? That is, do any of these groups describe your national origin or ancestry— Puerto Rican, Cuban, Cuban-American, Mexican, Mexican-American, Chicano, Central or South American, or origin in some other Spanish-speaking country?

- Yes
- No → **Skip to question 30**

29. Do you speak Spanish only, mostly Spanish with some English, Spanish and English about the same, mostly English with some Spanish, or English only?

- Spanish only
- Mostly Spanish, but some English
- Spanish and English about the same
- Mostly English, but some Spanish
- English only

30. Are you White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Asian?

Please mark all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian

31. What is the highest grade or level of school you have completed?

If currently enrolled, mark the previous grade or highest degree received.

- Less than a high school diploma
- High school degree or equivalent (for example: GED)
- Some college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

32. Are you currently attending a college, university, or trade school either full-time or part-time?

If you are on a holiday or break from school, such as spring break or summer vacation, but plan to return when the break is over, please answer yes.

- Yes
- No → **Skip to question 39**

33. How long ago did you first enroll at this college, university, or trade school?

If you transferred to your current institution directly from another college or university, please include that time.

- Within the past 12 months
- More than 12 months ago

34. Do you currently live in college-owned housing on campus, such as a dorm or a residence hall?

- Yes → **Skip to question 37**
- No

35. At any time during the past 12 months (or if you are a recently new student, since you enrolled) did you live in college-owned housing on campus, such as a dorm or a residence hall?

- Yes → **Skip to question 37**
- No

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36. In what type of off-campus housing **did you mostly live in** during that time?

- Off-campus housing, owned or managed by the school
- Off campus with relatives, such as parents or guardians
- Other off-campus housing

→ Skip to question 39

37. During the past 12 months (or if you are a recently new student, since you enrolled), **did you mostly live in** college-owned housing on campus, such as a dorm or a residence hall?

- Yes → Skip to question 39
- No

38. In what type of off-campus housing **did you mostly live in** during that time?

- Off campus housing, owned or managed by the school
- Off campus with relatives, such as parents or guardians
- Other off campus housing

EMPLOYMENT

39. Are you currently serving on **active duty** in the United States Armed Forces?

- Yes
- No

40. The next question is about working. **Last week**, did you work for pay at a job or business? *By last week, this means the last full week beginning on a Sunday and ending last Saturday.*

Please include

- unpaid work in a family farm or business if you usually work more than 15 hours each week, or
- personal labor you provide in exchange for work done for you, rather than for pay.

Please **do not** include

- work done as part of a student stipend, or
- volunteer work.

- Yes → Skip to question 49
- No – Did not work or am retired

41. **Last week** did you do **any** work for pay, even for as little as one hour?

- Yes → Skip to question 49
- No

42. **Last week**, were you on layoff from a job?

- Yes → Skip to question 46
- No

43. **Last week**, were you **temporarily absent** from a job or business, for example, because of vacation, temporary illness, maternity leave, other family or personal reasons, or bad weather?

- Yes → Skip to question 49
- No

44. During the **last 4 weeks**, have you been **actively** looking for work?

- Yes
- No → Skip to question 49

45. **Last week**, could you have started a job if you had been offered one, or returned to work if you had been recalled?

- Yes, you could have gone to work
- No, you could **not** have gone to work because of your own temporary illness
- No, you could **not** have gone to work for some other reason, such as being in school or taking care of house or family

→ Skip to question 49

46. Have you been informed that you will be recalled to work within the next 6 months or been given a date to return to work?

- Yes → Skip to question 48
- No

47. During the **last 4 weeks**, have you been **actively** looking for work?

- Yes
- No → Skip to question 49

48. **Last week**, could you have started a job if you had been offered one, or returned to work if you had been recalled?

- Yes, you could have gone to work
- No, you could **not** have gone to work because of your own temporary illness
- No, you could **not** have gone to work for some other reason, such as being in school or taking care of house or family

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OTHER HOUSING

49. During the past 12 months, have you stayed overnight or longer in a jail? Please do not count any time spent in prison.

- Yes
- No → **Skip to question 51**

50. During the past 12 months, how much time have you spent in a jail? If you are not sure, just make your best guess.
Please enter your answer and mark whether that is in number of nights, weeks, or months.

			→	<input type="radio"/> Nights <input type="radio"/> Weeks <input type="radio"/> Months
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51. During the past 12 months, have you stayed overnight or longer in a prison?

- Yes
- No → **Skip to question 53**

52. During the past 12 months, how much time have you spent in a prison? If you are not sure, just make your best guess.
Please enter your answer and mark whether that is in number of nights, weeks, or months.

			→	<input type="radio"/> Nights <input type="radio"/> Weeks <input type="radio"/> Months
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53. During the past 12 months, have you stayed overnight or longer in a psychiatric hospital?

- Yes
- No → **Skip to question 56**

54. During the past 12 months, have you stayed overnight or longer in a state psychiatric hospital?

State psychiatric hospitals are public psychiatric hospitals operated by a state for treatment of serious mental disorders.

- Yes
- No → **Skip to question 56**

55. During the past 12 months, how much time have you spent in a state psychiatric hospital? If you are not sure, just make your best guess.

Please enter your answer and mark whether that is in number of nights, weeks, or months.

			→	<input type="radio"/> Nights <input type="radio"/> Weeks <input type="radio"/> Months
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56. During the past 12 months, have you been homeless, even if just for a short period of time?

- Yes
- No → **Skip to question 59**

57. The next question is about shelters that provide a place for people who are homeless to stay. These shelters may also serve meals.

Not counting living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building, during the past 12 months, have you stayed overnight or longer in a homeless shelter?

- Yes
- No → **Skip to question 59**

58. During the past 12 months, how much time have you spent in a homeless shelter? If you are not sure, just make your best guess.

Please enter your answer and mark whether that is in number of nights, weeks, or months.

			→	<input type="radio"/> Nights <input type="radio"/> Weeks <input type="radio"/> Months
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CONTACT INFORMATION

59. Please record your first name, cell phone number and/or landline, and email address so that we can contact you should you be eligible for the main interview in the study.

First Name:

Cell Phone Number: - -

Landline Number: - -

Email Address:

60. Can you participate in a private video call, for example using a smartphone, tablet, or a computer?

- Yes
- No

61. How would you prefer that we reach out to you?

- Via telephone
- Via email

62. May we send text messages to your personal cell phone to contact you about the upcoming interview?

- Yes
- No
- I don't have a cell phone

63. Generally, what would be good days and times in the next few weeks for an interviewer to contact you to conduct the main interview, should you be eligible?

Please mark all that apply.

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Please specify any further notes about your availability:

65. Is there another person who would know how to get in touch with you if we cannot reach you?

- Yes
- No → *Skip to question 67*

66. Please record their first name, their phone number, and their email address.

First Name:

Phone Number: - -

Email Address:

67. To show our appreciation for completing this short survey today, we would like to send you a \$20 check. Please enter your first and last name to receive this check. Print in all CAPS.

Please allow up to 4 weeks for processing and delivery.

First Name:

Last Name:

68. Do you have any additional thoughts to share about this survey or the overall study?

Please return your questionnaire in the enclosed return envelope or mail it to:

NSMH
RTI International
ATTN: Data Capture
5265 Capital Boulevard
Raleigh, NC 27690

Thank you for your participation! We will reach out to you soon to let you know whether you are eligible for the main interview.



Attachment E

Clinical Interview

- 1) MDPS Clinical Interview (non-SCID)
- 2) Medication Showcard for use with the MDPS Clinical Interview
- 3) Income Showcard for use with the MDPS Clinical Interview
- 4) Structured Clinical Interview for DSM-IV (SCID)
- 5) SCID for Prison Inmates
- 6) Short Blessed Test

MDPS Main Interview Instrument

MDPS Clinical Interview Specifications

Acronyms used:

1. HH = household population
2. GQU = group quarters
3. NHH = non-household population (JA, PR, SH, HL unless specified otherwise)
4. JA = jail population
5. PR = prison population
6. SH = state psychiatric hospital population
7. HL = homeless population
8. SI = secondary interviewer (NA as of April 21; before: only in HH, JA, OR SH)
9. PO = proxy (only in HH, JA; NA for SH as of April 21)
10. GQU = group quarters
11. LAR = legally authorized representative
12. SBT = short blessed test

Symbols used:

- [] skips
- <> fills
- != not equal to
- = equal to
- | = or

PROGRAMMER: PLEASE ALWAYS DISPLAY DK/REF (WHERE APPLICABLE) IN INTERVIEWER ADMINISTRATION

The routing through the instruments for the different populations will be based on a preloaded case ID which differentiates the populations.

For the proxy interviews:

- Only for HH, JA (note April 2021: NA for SH) but not in PR OR HL
- The respondent interview should be reset before the proxy interview is conducted
- Those interviews will mostly be conducted by phone
- Protocol is triggered either via:
 - o SBT fail
 - o Informed Consent Knowledge quiz fail
 - o Respondent initiated
- The interviewer will complete a debriefing for proxy interviews

For the secondary informant interviews – note NA entirely as of April 21:

- Only for HH, JA, and SH but not in PR OR HL
- The secondary informant will answer a handful of questions regarding the relationship to the respondent and contact information in Blaise, and add to the information in the NetSCID portion

of the interview that was provided by the respondent, not the Blaise portion of what the respondent provided.

- As discussed, questions that should be part of the SI interview will be marked in the Note(s) column of the overview with an SI
- Triggered by Clinical interviewer as necessary at the end of the respondent interview (failed to establish diagnosis)
- In most instances this interview will be conducted AFTER completion of the respondent interview; Sometimes a secondary informant may be present during the interview.
- Those interviews will mostly be conducted by phone
- There will be no separate debriefing for these interviews

Line #	Pop.	Variable Name	Variable Description / Original Variable Name	Source	Note(s)
1	HH, JA	Cpre	Programmer preload instructions		
2	HH, NHH	Cconf	Confirmation of correct respondent		SI
3	HH, NHH	C1	Confirmation of interview language	NSDUH	SI
4	HH, NHH	CFIID3	Interview administration mode	New	SI
5	HH, NHH	Cphon	Confirmation of phone # if disconnected	New	SI
6	HH, NHH	Cphon2	Telephone number if disconnected	New	SI
7	HH, NHH	Cphon New	Best phone number to reconnect	New	SI
8	HH, NHH	CphonEnd	Thank you	New	SI
9	HH, NHH	CSD1_dob	Date of birth	NSDUH Redesign	SI
10	HH, NHH	CSD1_age	Age	NSDUH Redesign	SI
11	HH, NHH	CSD1a	Age verification	NIS	SI
12	HH, NHH	CSD1b	Age verification	NIS	SI
13	HH, JA, SH	CSD1c_dob	Date of birth proxy	NSDUH Redesign	
14	HH, JA, SH	CSD1c_age	Age proxy	NSDUH Redesign	
15	HH, JA, SH	CSD1d	Age verification proxy	NIS	
16	HH, JA, SH	CSD1e	Age verification proxy	NIS	
17	HH, NHH, PO, SI	C3a	Recording start	New	SI
18	HH, NHH, PO, SI	C3	Informed consent for clinical interview	New	SI

19	HH, NHH	C3_int	Interview consent	New	SI
20	HH, JA, SH, HL	C3_rec	Recording consent	New	SI
21	HH, NHH	C4a	Non-consent interview end	New	SI
22	HH, NHH	C4b	Interviewer note recording	New	SI
23	NHH	Cknow1	Consent knowledge question: study topic	New	SI
24	NHH	Cknow2	Consent knowledge question: study duration	New	SI
25	NHH	Cknow3	Consent knowledge question: study participation	New	SI
26	NHH	Cknow4 a	Consent knowledge question: voluntary participation	New	SI
27	NHH	Cknow4 b	Consent knowledge question: refuse to answer	New	SI
28	NHH	Cknow5	Repeat consent knowledge question: study topic		
29	NHH	Cknow6	Repeat consent knowledge question: study duration		
30	NHH	Cknow7	Repeat consent knowledge question: study participation		
31	NHH	Cknow8 a	Repeat consent knowledge question: voluntary participation		
32	NHH	Cknow8 b	Repeat consent knowledge question: refuse to answer		
33	HH, JA, SH		Short Blessed Test	New	Paper job aid only, administered at any point of the interview if necessary
34	HH, JA, SH	C5	PO/SI transition	New	SI
35	HH, JA, SH	C6	PO/SI/subject relationship	Modified ACS	SI
36	HH, JA, SH	C6a	PO/SI/subject relationship other	Modified ACS	SI
37	HH, JA, SH	C6b	PO/SI/subject living together	New	SI
38	HH, JA, SH	C7a	PO/SI/subject frequency of in- person contact	New	SI
3940HH, JA, SH C7c PO/SI/subject frequency of telephone contact ew SI					
41	HH, JA, SH	C7e	PO/SI/subject frequency of mail contact	New	SI
43	HH, JA, SH	C7f	PO/SI/subject/subject frequency of other contact	New	SI

44	HH, JA, SH	C7f_other	PO/SI other contact	New	SI
45	PR, SH, HL	COL1	Date admitted to this facility	NIS	
46	PR, SH, HL	COL2	Estimate when admitted to facility	NIS	
47	HH, NHH	CSD2a	Sex at birth	NIS	
48	HH, NHH	CSD2b	Gender identity current	Modified NIS	
49	HH, NHH	CSD2c	Confirm sex at birth	NIS	
50	HH, NHH	CSD2d	Sex at birth	NIS	
51	HH, NHH	CSD2e	Gender identity current	Modified NIS	
52	HH, NHH	C18	Interviewer online/offline	New	SI
53	HH, NHH	C19	Prompt for paper SCID	New	SI
SECTION 1: SCID OVERVIEW (See separate file. Adjusted based on First et al. (2016) SCID-5-CV. STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS. CLINICIAN VERSION.)					SI
SECTION 2: SCID DISORDERS (See separate file. Adjusted based on First et al. (2016) SCID-5-CV. STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS. CLINICIAN VERSION.) 1. MDD 2. Mania 3. Psychosis 4. Differential diagnosis (major depressive disorder, bipolar, schizophrenia or schizoaffective disorder) 5. Alcohol use disorder 6. Non-alcohol substance use disorder 7. GAD 8. OCD 9. PTSD 10. Anorexia nervosa					SI
SECTION 3: CIGARETTE AND E-CIGARETTE USE					
54	HH, NHH	C20, C20SCID	Prompt for SCID complete	New	SI
55	HH, NHH	CT1	Ever smoked cigarette	Modified NSDUH	
56	HH, NHH <i>(not in PR)</i>	CT2	Smoked cigarette past 12 months	Modified NSDUH	
57	HH, NHH <i>(not in PR)</i>	CT3	# cigarettes per day past 12 months	Modified NSDUH	

58	HH, NHH	CT4	Ever vaped	Modified MTF	
59	HH, NHH <i>(not in PR)</i>	CT5	Vaped past 12 months	Modified NSDUH Redesign	
60	HH, NHH <i>(not in PR)</i>	CT6	Frequency vaped past 30 days	Modified NSDUH Redesign	
SECTION 4: TREATMENT MODULE					
61	HH, NHH	CT7a	Intro to treatment module	New	
62	HH, NHH <i>(not in SH)</i>	CT7	Hospitalization inpatient past 12 months	NSDUH	
63	HH, NHH	CT9a	Transition mental health	New	
64	HH, NHH	CT9Intr o	Counseling, medication, treatment mental health, emotions, behavior	Modified NSDUH 2025	
65	HH, NHH <i>(not in SH)</i>	CT9	Counseling, medication, treatment mental health, emotions, behavior ever	Modified NSDUH 2025	
66	HH, NHH <i>(not in SH)</i>	CT10	Inpatient: Counseling, medication, treatment mental health, emotions, behavior	Modified NSDUH Redesign	
67	HH, NHH	CT11	Outpatient: Counseling, medication, treatment mental health, emotions, behavior	Modified NSDUH Redesign	
68	HH, NHH	CT12	Outpatient: Counseling, medication, treatment mental health, emotions, behavior # of visits all facilities	Modified NSDUH	
69	HH, NHH	CT13	Medication mental health, emotions, behavior past 12 months y/n	NSDUH Redesign	
70	HH, NHH	CT14	Medication mental health, emotions, behavior current y/n	NSDUH Redesign	2-part translation
71	HH, NHH	CT15	Medication ID current	Modified NMHS	2-part translation
72	HH, NHH	CT16	Counseling, medication, treatment alcohol/drug use ever	Modified NSDUH Redesign	2-part translation
73	HH, NHH	CT17	Inpatient: Alcohol/drugs	Modified NSDUH Redesign	2-part translation

74	HH, NHH	CT18	Outpatient: Alcohol/drugs	Modified NSDUH Redesign	2-part translation
75	HH, NHH	CT19	Outpatient: alcohol/drugs # of visits all facilities	Modified NSDUH	2-part translation
76	HH, NHH	CT20	Medications used to reduce drug use past 12 months y/n	Modified NSDUH	2-part translation
77	HH, NHH	CT20SP	Other medications used to reduce drug use (specify)	Modified NMHS	2-part translation
78	HH, NHH	COV0	Intro COVID-19	Modified PhenX	
79	HH, NHH	COV1a	Access to mental health treatment ... appointments moved to telehealth	Modified PhenX	
80	HH, NHH	COV1b	... delays/cancelations of appointments	Modified PhenX	
81	HH, NHH	COV1c	... delays in prescriptions	Modified PhenX	
82	HH, NHH	COV1d	... unable to access care	Modified PhenX	
83	HH, NHH	COV5a	Access to alcohol and drug use treatment ... appointments moved to telehealth	Modified PhenX	
84	HH, NHH	COV5b	... delays/cancelations of appointments	Modified PhenX	
85	HH, NHH	COV5c	... delays in prescriptions	Modified PhenX	
86	HH, NHH	COV5d	... unable to access care	Modified PhenX	
87	HH, NHH	COV2a	Access to medical care ... appointments moved to telehealth	Modified PhenX	
88	HH, NHH	COV2b	... delays/cancelations of appointments	Modified PhenX	
89	HH, NHH	COV2c	... delays in prescriptions	Modified PhenX	
90	HH, NHH	COV2d	... unable to access care	Modified PhenX	
91	HH, NHH	CT21A	Medicare	Modified NSDUH	2-part translation
92	HH, NHH	CT21B	Medicaid	Modified NSDUH	
93	HH, NHH	CT21C	Military Tricare et al.	Modified NSDUH	
94	HH, NHH	CT21D	Private health insurance	Modified NSDUH	

95	HH, NHH	CT21E	Any health insurance	Modified NSDUH	
96	HH, NHH	CT22	Disability benefits	New	
97	HH, NHH	CT23	Reasons for disability mental or physical health	New	
98	HH, NHH	CT24	Reasons for disability mental health follow-up	New	
99	HH, NHH	CT8	Housing assistance	New	

SECTION 5: SOCIO-DEMOGRAPHICS

100	PR, SH, HL	CSD4	Marital status	Modified ACS	Adapted to “you” instead of this person, and adapted for mixed-mode
101	PR, SH, HL	CSD5	Living with partner	NSDUH 2025	
102	PR, SH, HL	CSD6	Ethnicity	NSDUH	
103	PR, SH, HL	C2	Speaking English/Spanish	NLAAS	asked in English
104	PR, SH, HL	CSD7	Race	NSDUH	
105	PR, SH, HL	CSD8	Highest educational degree	Modified ACS	Adapted to “you” instead of this person and aggregated categories
106	PR, SH, HL	CSD9	Student status	Modified B&B:08/18	Wording adjusted to current, irrespective of degree seeking or not, full time or part time or not. Added instruction to answer yes if on break.
107	PR, SH, HL	CSD9a	First enrollment (in months)	New	Maps to NPSAS
108	PR, SH, HL	CSD9b	On campus housing current y/n	New	Maps to NPSAS
109	PR, SH, HL	CSD9e	On campus housing any time past 12 months y/n	New	Maps to NPSAS
110	PR, SH, HL	CSD9c	On campus housing mostly past 12 months y/n	New	Maps to NPSAS
111	PR, SH, HL	CSD9d	Off campus housing type past 12 months	New	Maps to NPSAS
112	PR, SH, HL, HH	CSD10	Veteran status	NIS	

113	PR, SH, HL	CSD11	Active duty	Modified ACS	
114	HH, NHH	CSD12	Arrested	NSDUH	
115	HH, NHH	CSD13	Probation	NSDUH Redesign	
116	HH, NHH	CSD14	Parole	NSDUH Redesign	
117	PR, SH, HL	CSD15	Paid work	Modified ACS	Added introduction, exact reference period, and unpaid instructions
118	PR, SH, HL	CSD15a	Paid work any	ACS	
119	PR, SH, HL	CSD15b	Layoff	ACS	
120	PR, SH, HL	CSD15c	Temporary absence	Modified ACS	
121	PR, SH, HL	CSD15d	Recalled to work	ACS	
122	PR, SH, HL	CSD15e	Actively looking for work	ACS	
123	PR, SH, HL	CSD15f	Could have started work	Modified ACS	
124	HH, NHH	INTROF I1	Household income	Modified NSDUH	
125	HH, NHH	CSD16	Household income	Modified NSDUH	
126	HH, NHH	CSD17a	Household income	Modified NSDUH	
127	HH, NHH	CSD17b	Household income	Modified NSDUH	
128	HH, NHH	COV3	COVID-19 financial strain	Modified PhenX	
129	HH, NHH	COV4	COVID-19 housing stability	New	
SECTION 6: OVERLAP WITH (NON-)HH POPULATION					
130	PR	COL3	State and county lived in most prior to incarceration	New	
131	PR	COL4	State lived in most prior to incarceration	New	
132	PR	COL5	County lived in most prior to incarceration	New	
133	PR, HL, SH	COL6	Prison/homeless/state psychiatric hospital more than once	New	
134	PR, HL, SH	COL7	House/apartment lived	New	

135	PR, HL, SH	COL8	House/apartment length of stay reporting unit	New	
136	PR, HL, SH	COL8N	House/apartment stay in nights	New	
137	PR, HL, SH	COL8W	House/apartment stay in weeks	New	
138	PR, HL, SH	COL8M	House/apartment stay in months	New	
139	PR, HL, SH	COL9	Jail stay	New	
140	PR, HL, SH	COL10	Jail length of stay reporting unit	New	
141	PR, HL, SH	COL10N	Jail stay in nights	New	
142	PR, HL, SH	COL10 W	Jail stay in weeks	New	
143	PR, HL, SH	COL10 M	Jail stay in months	New	
144	HL, SH	COL11	Prison stay	New	
145	PR, HL, SH	COL12	Prison length of stay reporting unit	New	If multiple: overall
146	PR, HL, SH	COL12N	Prison stay in nights	New	
147	PR, HL, SH	COL12 W	Prison stay in weeks	New	
148	PR, HL, SH	COL12 M	Prison stay in months	New	
149	PR, HL	COL13	Psychiatric hospital stay	New	
150	PR, HL	COL13a	State psychiatric hospital stay	New	
151	PR, HL, SH	COL14	State psychiatric hospital length of stay reporting unit	New	If multiple: overall
152	PR, HL, SH	COL14N	State psychiatric hospital stay in nights	New	
153	PR, HL, SH	COL14 W	State psychiatric hospital stay in weeks	New	
154	PR, HL, SH	COL14 M	State psychiatric hospital stay in months	New	
155	PR, SH	COL15	Homeless stay	New	
156	PR, SH	COL15a	Homeless shelter stay	New	
157	PR, HL, SH	COL16	Homeless shelter length of stay reporting unit	New	If multiple: overall
158	PR, HL, SH	COL16N	Homeless shelter stay in nights	New	
159	PR, HL, SH	COL16 W	Homeless shelter stay in weeks	New	
160	PR, HL, SH	COL16 M	Homeless shelter stay in months	New	
SECTION 7: CONCLUSION					
161	SH	C8	Administrative data linkage	New	
162	HH, JA	C9	Email confirmation	New	

163	HH, NHH	C9a	Contact information for possible follow-up	New	
164	HH, JA, SH	C10	Contact PO/SI	New	SI
165	HH, NHH	C21	Recontact consent	New	
166	HH, JA, SH	C11a	Interviewer SI necessary y/n	New	
167	HH, JA, SH	C11b	SI y/n	New	
168	HH, JA, SH	C11c	SI Name	New	
169	HH, JA, SH	C12	Relationship SI	New	
170	HH, JA, SH	C12a	SI /subject living together	New	
171	HH, JA, SH	C13	Contact SI	New	
172	HH, JA, SH, HL	C14	Respondent comfort with current interview mode/alternative preference	New	
173	HH, JA, SH, HL	C15	Respondent comfort with virtual interviewing software	New	
174	HH, NHH	C16	Respondent feedback general	New	SI
175	HH, JA, PO, SI	C17a	Incentive information	New	SI
176	HH, JA, PO, SI	C17b1	Email incentive payment	New	SI
177	HH, JA, PO, SI	C17b2	Email incentive payment	New	SI
178	HH, JA, PO, SI	C17c	Name incentive payment	New	SI
179	HH, JA, PO, SI	C17d	Address incentive payment	New	SI
180	HH, JA, PO, SI	C17e	Address new incentive payment	New	SI
181	HH, NHH	C17	Incentive information and end	New	SI
SECTION 8: INTERVIEWER DEBRIEFING					
182		CIDB0	Complete or breakoff	New	
183		GAF1	Global assessment functioning	DSM	
184		CIDB1	Mode of completion	Modified NSFG	
185		CIDB1a	Technical difficulties	Modified NSFG	Virtual only
186		CIDB1b	Disconnected	New	Virtual only
187		CIDB2	Audio quality	New	
188		CIDB3	See the respondent	New	Virtual only
189		CIDB4a	Video quality	New	Virtual only
190		CIDB4b	Respondent observation	New	Virtual only

191		CIDB4c	Usefulness of observation for diagnosis	New	Virtual only
192		CIDB5	At home	NSDUH	
193		CIDB6	Where	NSDUH	
194		CIDB7	Privacy	NSDUH	
195		CIDB7a	Secondary informant presence	New	
196		CIDB8	Who observed	NSDUH	
197		CIDB8a	Influence of observer	NSFG	
198		CIDB9	Interview atmosphere	NSFG	
199		CIDB10	Type of distractions/interruptions	NSFG	
200		CIDB11	Attentiveness of respondent	NSFG	
201	!=PO/SI	CIDB11 a	Recall aids	New	
202	PO/SI	CIDB11 b	Proxy/secondary informant confidence in answers	New	
203		CIDB12	Upset respondent	NSFG	
204		CIDB13	Trouble completing the interview and which	Modified NBS	
205		CIDB14	Comments interview length	NSDUH	
206		CIDB15 a	SBT administration	New	
207		CIDB15 b	SBT pass	New	
208		CIDB16	Anything else	NSDUH	
209		C19n	Entering paper SCID data	New	
210		C20n	Completion entering paper SCID data	New	
211		CIDBBR 1	Breakoff codes	Modified NBS	
212		CIDBBR 2a	SBT administration	New	
213		CIDBBR 2b	SBT pass	New	

Cpre PROGRAMMER, PLEASE PRELOAD

- CATI = YES/NO FROM SYSTEMS
- VIRTUAL = YES/NO FROM SYSTEMS
- F2F = YES/NO FROM SYSTEMS
- SCREENERCOMPLETE = YES/NO
- SCREENER MAIL COMPLETE = YES/NO FROM SCREENER
- SCREENER F2F COMPLETE = YES/NO FROM SCREENER
- SCREENER CATI COMPLETE = YES/NO FROM SCREENER
- JA = YES/NO FROM SAMPLING
- HH = YES/NO FROM SAMPLING
- SH = YES/NO FROM SAMPLING
- PR = YES/NO FROM SAMPLING
- HL = YES/NO FROM SAMPLING
- PROXY = YES/NO FROM PROXY ASSENT
- SECONDARY = YES/NO FROM SYSTEMS
- LAR = YES/NO FROM SH
- YOB = YEAR OF BIRTH FROM SH
- HOSPITAL NAME = STATE HOSPITAL NAME FROM SH
- SH_PERMISSION_REQ = YES/NO FROM SH
- RESPONDENT = YES/NO FROM CLINICAL INTERVIEW
- CKNOWLEDGEPASS2 FROM CLINICAL INTERVIEW
- BREAKOFF = YES/NO FROM CLINICAL INTERVIEW
- SBT = FAIL/PASS FROM CLINICAL INTERVIEW INTERVIEWER DEBRIEFING
- NAMEFILL = RESPONDENT NAME FROM CLINICAL INTERVIEW
- NAMEFILL2 = SECONDARY OR PROXY NAME
- NAMEFILLAR = LAR NAME
- IF PROXY = YES NAMEFILL
- PRISON = YES/NO FROM SAMPLING
- STATE = FROM SAMPLING FOR PR ONLY
- COUNTY = FROM SAMPLING FOR PR ONLY
- AGE FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R OR LISTS FOR PR, SH, OR HL (AS APPLICABLE)
- NAME FROM ROSTER OR SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R OR IF SCREENERCOMPLETE = NO LISTS FOR PR, SH, OR HL (AS APPLICABLE)
- PHONE NUMBER FROM CATI SYSTEMS
- GQU FROM ROSTER
- SEX FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R
- SH3a & b FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R
- R7 FROM ROSTER
- SH2 FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R
- LANGUAGE FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R
- SKNOWLEDGEPASS FROM SCREENER
- CIINCENTIVE = YES/NO. IF CLINICAL INTERVIEW INCENTIVE WAS ALREADY PAID AT THE SCREENER = YES; ELSE = NO
- INCENTIVE \$ ALREADY PAID BY INSTRUMENT IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R
- SCR = CIDI FROM SCREENER
- SCR = CAT-MH FROM SCREENER

- UNBLINDMDE YES/NO FROM SCREENER
- UNBLINDMANIA YES/NO FROM SCREENER
- UNBLINDPSYCHOS1 YES/NO FROM SCREENER
- UNBLINDPSYCHOS2 YES/NO FROM SCREENER
- UNBLINDPSYCHOS3 YES/NO FROM SCREENER
- UNBLINDGAD YES/NO FROM SCREENER
- UNBLINDPTSD YES/NO FROM SCREENER
- EMAIL1 FROM SCREENER IF SCREENERCOMPLETE = YES AND SCREENER R = CLINICAL R; ELSE FROM ROSTER IF MISSING IN SCREENER INCENTIVES.
- ADDRESS FILL FROM SYSTEMS/ROSTER/SCREENER
- INCENTIVE PRELOADS:
 - o CLINICALINC = \$30
 - o SHINC = "INTERVIEWER: PLEASE CHECK LOGISTICS PLAN FOR THIS [HOSPITAL]"
 - o PRINC = "INTERVIEWER: PLEASE CHECK LOGISTICS PLAN FOR THIS [PRISON]"
 - o HLINC = "INTERVIEWER: PLEASE CHECK LOGISTICS PLAN FOR THIS [SHELTER]"
 - o PROXYINC = "\$30"
 - o SIINC = "\$10"

PROGRAMMER: SPANISH IS HERE:

[\\rtpnfil02\mdps\Instrumentation\ClinicalInterview\ClinicalContent_20210310_PostAdvarra ToProgrammingTranslation_SPA.docx](\\rtpnfil02\mdps\Instrumentation\ClinicalInterview\ClinicalContent_20210310_PostAdvarra_ToProgrammingTranslation_SPA.docx)

PROGRAMMER TIME STAMP SET: START

Cconf

<IF HH = YES & SCREENER MAIL COMPLETE = NO: You have been invited and agreed to take part in the National Study of Mental Health><IF (HH = YES & SCREENER MAIL COMPLETE = YES) | JA | SH | PR | HL = YES: You are being invited to take part in the National Study of Mental Health.><IF PO | SI = YES: You are being invited to take part in the National Study of Mental Health to answer some questions about <NAMEFILL> (AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX FOR TARGET RESPONDENT>).>

Before I review information about the study, I need to confirm I'm talking to the right person. <IF HH | JA = YES: What is your first name and age?><IF PO | SI = YES: What is your first name?><IF PR | SH | HL = YES: INTERVIEWER CONFIRM INFORMATION PROVIDED ON THE FACILITY ROSTER [HOSPITAL/PRISON/SHELTER] WITH PERSON IN FRONT OF YOU.>

<IF HH | JA = YES: INTERVIEWER: RESPONDENT (NAME: <NAME FOR TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX FOR TARGET RESPONDENT>) SHOULD BE COMPLETING THE CLINICAL INTERVIEW>

<IF SI | PO = YES: INTERVIEWER: RESPONDENT (NAME: <NAMEFILL2>) SHOULD BE COMPLETING THE CLINICAL INTERVIEW>

- 1 YES – CORRECT RESPONDENT, CONTINUE
- 2 NO

PROGRAMMER: IF Cconf = YES CONTINUE;

ELSE DISPLAY "INTERVIEWER, PLEASE IDENTIFY THE CORRECT RESPONDENT<IF HH | JA= YES: (NAME: <NAME FOR TARGET RESPONDENT>, AGE: <AGE FOR TARGET RESPONDENT>, SEX: <SEX OF TARGET RESPONDENT>)><IF PO | SI = YES: (NAME: <NAMEFILL2>)><IF PR | SH | HL = YES: FROM THE FACILITY ROSTER>. IF THAT IS NOT POSSIBLE END THE INTERVIEW AND ASSIGN THE CORRESPONDING STATUS CODE."

PROGRAMMER: INCLUDE FOR EVERY NEW SESSION THAT IS STARTED IN CASE OF INTERRUPTIONS

C1 [IF SCREENER RESPONDENT = CLINICAL INTERVIEW RESPONDENT] INTERVIEWER: CONFIRM/SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW. THE SCREENER WAS COMPLETED IN <LANGUAGE>.

[IF SCREENER RESPONDENT != CLINICAL INTERVIEW RESPONDENT] INTERVIEWER: SELECT THE LANGUAGE TO BE USED FOR THIS INTERVIEW ESTABLISHED DURING THE INITIAL CONTACT.

- 1 ENGLISH
- 2 SPANISH

CFIID3 INTERVIEWER: PLEASE ENTER THE INTERVIEW ADMINISTRATION MODE

- 1 ZOOM AUDIO ONLY (TELEPHONE)
- 2 VIRTUAL (ZOOM VIDEO)
- 3 IN-PERSON

PROGRAMMER: GENERATE CATI Y/N, VIRTUAL Y/N, F2F = Y/N

PROGRAMMER: INCLUDE FOR EVERY NEW SESSION THAT IS STARTED IN CASE OF INTERRUPTIONS

Cphon [IF ((CFIID3 = 1 & PHONE NUMBER = YES)) & ((HH | JA | HL = YES) | (PROXY | SECONDARY = YES))]

Should you get disconnected please sign back into the call. Should I get disconnected from this call, please remain on the line and I will dial back in.

Just to confirm, is <FILL: PHONE NUMBER> a good number to reach you in case there is a Zoom outage?

- 1 YES
- 2 NO

DK/REF

Cphon2 [IF ((CFIID3 = 1 & PHONE NUMBER = MISSING) | CFIID3 = 2) & (HH | JA | HL | SH = YES) | (PROXY | SECONDARY = YES))]:

Should you get disconnected please sign back into the <IF CFIID3 = 2: virtual> call. Should I get disconnected from this <IF CFIID3 = 2: virtual> call, please remain <IF CFIID = 1: on the line> <IF CFIID = 2: online> and I will <IF CFIID = 1: dial back in><IF CFIID = 2: sign back on>.

Just in case of a ZOOM outage, is there a good phone number to reach you?

1 YES

2 NO

DK/REF

CphonNew [IF Cphon = NO | Cphon2 = YES] Would you please give me a phone number so that I can contact you in case there is a ZOOM outage?

DK/REF

CphonEnd [IF Cphon = YES/NO/DK/REF | Cphon2 = YES/NO/DK/REF | PR = YES]
<IF PR = NO: Thank you.>

<PR = YES | (SH = YES & Cphon2 = NO): Should we get disconnected I may not be able to recontact you. If that is the case, please <IF SH=YES & Cphon2 = NO: log back on or> contact the person who assisted you starting this <IF VIRTUAL = YES: virtual> call.>

CSD1_dob What is your date of birth?

DOB: _____
 MONTH DAY YEAR

DK/REF

PROGRAMMER PLEASE DISPLAY ERROR MESSAGE IF THE DATE OVERALL OR THE INDIVIDUAL FIELDS ARE OUT OF RANGE: YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN <IF MONTH: 1 AND 12><IF DAY: 1 AND 31><IF YEAR: 1910 AND 2020/2021>.

PROGRAMMER IF DAY = DK/REF ASSUME 28TH AS DAY.

PROGRAMMER GENERATE AGE IN YEARS

CSD1_age [IF CSD1_dob = DK/REF MONTH AND/OR YEAR] And what is your age?

AGE: ____

DK/REF

CSD1a [IF PROXY = NO & (CSD1_dob | CSD1_age < 18 | CSD1_age > 66)] Thank you for your willingness to participate, but we cannot interview anyone who is <IF CSD1_dob | CSD1_age < 18: younger than 18><IF CSD1_dob | CSD1_age > 66: older than 66> for this study.

[PROGRAMMER: THIS CONCLUDES THE INTERVIEW]

[IF PROXY = YES & (CSD1_dob | CSD1_age < 18)] Thank you for your willingness to participate, but we cannot interview anyone who is younger than 18 for this study.

[PROGRAMMER: THIS CONCLUDES THE INTERVIEW]

CSD1b [IF CSD1_dob | CSD1_age = DK/REF] Thank you for your willingness to participate, but we cannot interview you if we don't know how old you are.
[PROGRAMMER: THIS CONCLUDES THE INTERVIEW]

CSD1c_dob [IF PROXY = YES] What is <NAMEFILL>'s date of birth?

DOB: _____
 MONTH DAY YEAR

DK/REF

PROGRAMMER PLEASE DISPLAY ERROR MESSAGE IF THE DATE OVERALL OR THE INDIVIDUAL FIELDS ARE OUT OF RANGE: YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN <IF MONTH: 1 AND 12><IF DAY: 1 AND 31><IF YEAR: 1910 AND 2020/2021>.

PROGRAMMER GENERATE AGE IN YEARS

CSD1c_age [IF PROXY = YES & CSD1c_dob = DK/REF MONTH AND/OR YEAR] And what is <NAMEFILL>'s age?

AGE: _____

DK/REF

CSD1d [IF CSD1c_dob | CSD1c_age < 18 | CSD1c_dob | CSD1c_age > 66] Thank you for your willingness to participate on <NAMEFILL>'s behalf, but we cannot interview you about anyone who is <IF CSD1c_dob | CSD1c_age < 18: younger than 18><IF CSD1c_dob | CSD1c_age > 66: older than 66> for this study.
[PROGRAMMER: THIS CONCLUDES THE INTERVIEW]

CSD1e [IF CSD1c_dob | CSD1c_age = DK/REF] Thank you for your willingness to participate on <NAMEFILL>'s behalf, but we cannot interview you about anyone if we don't know how old they are.
[PROGRAMMER: THIS CONCLUDES THE INTERVIEW]

C3a <IF HH | JA | PROXY | SECONDARY = YES: INTERVIEWER, NOTE THAT ZOOM AUTOMATICALLY STARTS THE RECORDING.>

<IF PR | SH | HL = YES: INTERVIEWER, PLEASE REVIEW THE LOGISTICS PLAN WHETHER RECORDINGS ARE ALLOWED IN THE FACILITY YOU ARE IN. IF YES, START RECORDING OF THE INTERVIEW AND SELECT CONTINUE WITH RECORDING, IF NO, SELECT CONTINUE WITHOUT RECORDING.>

- 1 CONTINUE <IF PR | SH | HL = YES: WITH RECORDING>
- 2 <IF PR | SH | HL = YES: CONTINUE WITHOUT RECORDING>

PROGRAMMER: PLEASE GENERATE RECALLOW = YES IF C3a = 1. IF RECALLOW != YES DO NOT START RECORDING AND DO NOT ASK C3_rec.

C3

PROGRAMMER NOTE PLEASE INCLUDE AS FOLLOWS:

- [IF HH = YES & SKNOWLEDGEPASS = 1 & SCREENER MAIL COMPLETE = NO & PROXY = NO & SECONDARY = NO: RECAP HH CONSENT FORM + CONSENT FOR RECORDING] PROGRAMMER PLEASE DISPLAY RECAP ABBREVIATED INFORMED CONSENT TEXT FROM “3a Household Clinical Interview Informed Consent Recap” & “3b Recording Consent” HERE:
<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE HOUSEHOLDS:
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 Jan0721 clean.pdf>
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 SPA Jan0721 clean.pdf>

- [IF HH = YES & SKNOWLEDGEPASS = 0 & SCREENER MAIL COMPLETE = NO & PROXY = NO & SECONDARY = NO: INFORMED HH CONSENT FORM + CONSENT FOR RECORDING + KNOWLEDGE TEST] PROGRAMMER PLEASE ABBREVIATED DISPLAY INFORMED CONSENT TEXT FROM “3 Household Clinical Interview Informed Consent” & “3b Recording Consent” HERE:
<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE HOUSEHOLDS:
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 Jan0721 clean.pdf>
<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 SPA Jan0721 clean.pdf>

- [IF ((HH = YES & SKNOWLEDGEPASS = MISSING) | JA = YES) & PROXY = NO & SECONDARY = NO: INFORMED HH CONSENT FORM + CONSENT FOR RECORDING + KNOWLEDGE TEST] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “3 Household Clinical Interview Informed Consent” & “3b Recording Consent” HERE:
<\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE HOUSEHOLDS/
JAILS:

\\rtpnfil02\MDPS\Data_Collection_Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 Jan0721_clean.pdf
\\rtpnfil02\MDPS\Data_Collection_Household\Informed Consent\Programmed Versions\January2021\Ringeisen Household ICF Pro00042170 Aug1320 v4 SPA Jan0721_clean.pdf

- [IF PR = YES & PROXY = NO & SECONDARY = NO: FULL INFORMED PR CONSENT FORM + (RECORDING CONSENT +) KNOWLEDGE TEST] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “4 Prison Clinical Interview Informed Consent” HERE: \\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation.docx
\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation_SPA.docx

PROGRAMMER THIS WILL BE A JOB AID FOR THE FULL CONSENT FORM FOR THE PRISONS:

\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Prison ICF Pro00042170 Aug1320_v4.docx
\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Prison ICF Pro00042170 Aug1320_v4_SPA.docx

- [IF HL = YES & PROXY = NO & SECONDARY = NO: FULL INFORMED HL CONSENT FORM + (RECORDING CONSENT +) KNOWLEDGE TEST] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “6 Shelter Clinical Interview Informed Consent” HERE:
\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation.docx
\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation_SPA.docx

PROGRAMMER THIS WILL BE A JOB AID FOR THE FULL CONSENT FORM FOR THE SHELTERS:

\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Shelter ICF Pro00042170 Aug1320_ts_v4.docx
\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Shelter ICF Pro00042170 Aug1320_ts_v4_SPA.docx

- [IF SH = YES & PROXY = NO & SECONDARY = NO: FULL INFORMED SH CONSENT FORM + (RECORDING CONSENT +) KNOWLEDGE TEST] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “5 Hospital Clinical Interview Informed Consent” HERE:
\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation.docx
\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120_revised111720_ToProgrammingTranslation_SPA.docx

PROGRAMMER THIS WILL BE A JOB AID FOR THE FULL CONSENT FORM FOR THE HOSPITALS:

<\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Hospital ICF Pro00042170 Aug1320 v4.docx>

<\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\Ringeisen Hospital ICF Pro00042170 Aug1320 v4 SPA.docx>

- [IF PROXY = YES & SECONDARY = NO: FULL INFORMED PROXY CONSENT FORM + RECORDING CONSENT + KNOWLEDGE TEST] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM “7 Proxy Consent” & “3b Recording Consent” HERE: <\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE PROXY:

<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\NSMH Proxy Consent Auf1320 v5 Jan0721 clean.pdf>

<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\NSMH Proxy Consent Aug1320 v5 SPA Jan0721 clean.pdf>

- [IF SECONDARY = YES & PROXY = NO: FULL INFORMED SECONDARY INFORMANT CONSENT FORM + RECORDING CONSENT] PROGRAMMER PLEASE DISPLAY ABBREVIATED INFORMED CONSENT TEXT FROM CONSENT TEXT FROM “8 Secondary Informant Consent” & “3b Recording Consent” HERE: <\\RTPNFIL02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation.docx>
<\\rtpnfil02\mdps\Instrumentation\Screening\Consent\NSMH Consent Statements 073120 revised111720 ToProgrammingTranslation SPA.docx>

PROGRAMMER PLEASE LINK TO THIS FULL CONSENT FORM FOR THE SECONDARY INFORMANTS:

<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\NSMH Secondary Informant Consent Aug1320 v5 Jan0721 clean.pdf>

<\\rtpnfil02\MDPS\Data Collection Household\Informed Consent\Programmed Versions\January2021\NSMH Secondary Informant Consent Aug1320 v5 SPA-Jan0721 clean.pdf>

PROGRAMMER: C3_rec SHOULD ONLY BE ASKED IF RESPONDENTS CONSENTED TO PARTICIPATE IN THE INTERVIEW.

C4a

[IF C3_int = NO] Thank you for your willingness to participate <IF PROXY | SECONDARY = YES: on <NAMEFILL>'s behalf>, but we cannot interview you without your consent.

PROGRAMMER: THIS CONCLUDES THE INTERVIEW

C4b [IF C3_rec = NO] INTERVIEWER, THE RESPONDENT DOES NOT WISH TO BE RECORDED;
PLEASE TURN OFF THE ZOOM RECORDING NOW

Cknow1 [IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO & JA = NO & PROXY = NO] To ensure you understand your rights as a NSMH respondent, I need to ask you a few questions about the information we just discussed. You are being asked to participate in the National Study of Mental Health – the NSMH. Would you say the NSMH is about:

- a. a. How pets improve our mental health
- b. b. Mental health and other health issues
- c. c. The health of kids in schools
- d. d. Public transportation

PROGRAMMER NOTE: IF PR | SH | HL = YES PLEASE ONLY DISPLAY THE INTRODUCTORY SENTENCE BUT REMOVE THE “YOU ARE BEING ASKED ...” AND THE RESPONSE OPTIONS ENTIRELY; THEN SET Cknow1 = b TO ENSURE Cknow5 IS NEVER DISPLAYED (DATE: 06/15/2021).

NOTE: THE KNOWLEDGE CHECK WAS NO LONGER ADMINISTERED FOR HH AND JA (INCL. PROXY) AS OF DATE: 06/15/2021.

Cknow2 [IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO & JA = NO & PROXY = NO] Your participation in the NSMH interview will take about:

- a. a. 15 minutes
- b. b. 6 hours
- c. <IF (SECONDARY = NO & HH | JA = YES) | (PROXY = YES): 80 minutes><IF SECONDARY = NO & PR | SH | HL = YES: 90 minutes>
- d. c. 3 days

NOTE: THE KNOWLEDGE CHECK WAS NO LONGER ADMINISTERED FOR HH AND JA (INCL. PROXY) AS OF DATE: 06/15/2021.

Cknow3 [IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO & JA = NO & PROXY = NO] You have been asked to:

- a. a. Take part in a group discussion with 10 to 12 other people
- b. b. Call your local health department to participate
- c. c. Participate in an interview with an interviewer
- d. d. Send a letter with information about your health

PROGRAMMER NOTE: NEVER DISPLAY THIS QUESTION TO ANY POPULATION; SET Cknow3 = c TO ENSURE Cknow7 IS NEVER DISPLAYED (DATE: 06/15/2021).

NOTE: THE KNOWLEDGE CHECK WAS NO LONGER ADMINISTERED FOR HH AND JA (INCL. PROXY) AS OF DATE: 06/15/2021.

Cknow4a [IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO & JA = NO & PROXY = NO] True or False: Your participation is voluntary.
1 TRUE
2 FALSE
DK/REF

NOTE: THE KNOWLEDGE CHECK WAS NO LONGER ADMINISTERED FOR HH AND JA (INCL. PROXY) AS OF DATE: 06/15/2021.

Cknow4b [IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO & JA = NO & PROXY = NO] True or False: You can refuse to answer any questions.
1 TRUE
2 FALSE
DK/REF

PROGRAMMER: GENERATE CKNOWLEDGEPASS IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO
REPLACE CKNOWLEDGEPASS = 1 IF Cknow1 = b & Cknow2 = c & Cknow3 = c & Cknow4a = 1 & Cknow4b = 1
ELSE CKNOWLEDGEPASS = 0 IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0 | MISSING)) & SECONDARY = NO

IF CKNOWLEDGEPASS = 0 & (PROXY = YES) SKIP TO C17a.
ELSE CONTINUE

Cknow5 [IF Cknow1 != b & (PROXY = NO & SECONDARY = NO)] INTERVIEWER PLEASE REVIEW THE FOLLOWING STUDY INFORMATION WITH THE RESPONDENT: I may have covered the consent to participate information too quickly. Let me reread some of the relevant details about the study:

<IF HH = YES: You are being invited to take part in the National Study of Mental Health. This is a research study about mental health and tobacco, alcohol and drug use, and consists of one (1) interview.>

<IF JA = YES: You are being invited to take part in the National Study of Mental Health. This is a research study about mental health and tobacco, alcohol and drug use, and consists of one (1) interview.>

<IF PR | SH | HL = YES: You are being invited to take part in the National Study of Mental Health. This is a research study about mental health, and tobacco, alcohol, and drug use.>

You are being asked to participate in the National Study of Mental Health – the NSMH. Would you say the NSMH is about:

a. How pets improve our mental health

- b. Mental health and other health issues
- c. The health of kids in schools
- d. Public transportation

PROGRAMMER GENERATE Cknow5_admin YES/NO IF ADMINISTERED

Cknow6

[IF Cknow2 != c & (PROXY = NO & SECONDARY = NO)] INTERVIEWER PLEASE REVIEW THE FOLLOWING STUDY INFORMATION WITH THE RESPONDENT: <IF Cknow1 = b: I may have covered the consent to participate information too quickly. Let me reread some of the relevant details about the study:>

<IF HH = YES & SCREENER MAIL COMPLETE = YES | JA = YES: The interview should take about 80 minutes to complete and you will receive <IF CFID3 = 1 | 2: a \$30 electronic gift card if you agree to participate.>< IF CFID3 = 3: \$30 cash if you agree to participate.>>

<IF HH = YES & SCREENER MAIL COMPLETE = NO: The interview should take about 80 minutes to complete and you received <IF SCREENER F2F COMPLETE = NO: a \$30 electronic gift card><IF SCREENER F2F COMPLETE = YES: \$30 cash> for agreeing to participate in this interview.>

<IF PR = YES: We have arranged with the prison to talk with you privately. It should take about 90 minutes to complete [<PRINC>: IF INCENTIVES ARE ALLOWED IN THIS FACILITY READ: AND YOU WILL RECEIVE "FILL INCENTIVE" IF YOU AGREE TO PARTICIPATE].>

<IF SH = YES: We have arranged with the hospital to talk with you privately. The interview should take about 90 minutes to complete [<SHINC>: IF INCENTIVES ARE ALLOWED IN THIS FACILITY READ: AND YOU WILL RECEIVE "FILL INCENTIVE" IF YOU AGREE TO PARTICIPATE].>

<IF HL = YES: We have arranged with the shelter to talk with you privately. The interview should take about 90 minutes to complete [<HLINC>: IF INCENTIVES ARE ALLOWED IN THIS FACILITY READ: AND YOU WILL RECEIVE "FILL INCENTIVE" IF YOU AGREE TO PARTICIPATE].>

Your participation in the NSMH interview will take about:

- a. 15 minutes
- b. 6 hours
- c. <IF HH = YES: 80 minutes><IF PR | SH | HL = YES: 90 minutes>
- d. 3 days

PROGRAMMER GENERATE Cknow6_admin YES/NO IF ADMINISTERED

Cknow7

[IF Cknow3 != c & (PROXY = NO & SECONDARY = NO)] INTERVIEWER PLEASE REVIEW THE FOLLOWING STUDY INFORMATION WITH THE RESPONDENT: <IF Cknow1 = b & Cknow2 = c: I may have covered the consent to participate information too quickly. Let me reread some of the relevant details about the study:>

<IF HH = YES: If you decide to participate, a trained interviewer will ask the questions either in person, by video teleconference, or by telephone, using a laptop computer. You can be in your home, office, or another private location when you complete the interview.>

<IF JA = YES: If you decide to participate, a trained interviewer will ask the questions either in person, by video teleconference, or by telephone, using a laptop computer. You can be in your home, office, or another private location when you complete the interview.>

<IF PR | SH | HL = YES: If you decide to participate, I will ask you questions using a laptop computer. We have arranged with the <IF PR = YES: prison><IF SH = YES: hospital><IF HL = YES: shelter> to talk with you privately.>

You have been asked to:

- a. Take part in a group discussion with 10 to 12 other people
- b. Call your local health department to participate
- c. Participate in an interview with an interviewer
- d. Send a letter with information about your health

PROGRAMMER GENERATE Cknow7_admin YES/NO IF ADMINISTERED

Cknow8a

[IF Cknow4a != 1 & (PROXY = NO & SECONDARY = NO)] INTERVIEWER PLEASE REVIEW THE FOLLOWING STUDY INFORMATION WITH THE RESPONDENT: <IF Cknow1 = b & Cknow2 = c & Cknow3 = c: I may have covered the consent to participate information too quickly. Let me reread some of the relevant details about the study:>

<IF HH = YES: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

<IF JA = YES: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

<IF PR | SH | HL = YES: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

True or False: Your participation is voluntary.

- 1 TRUE
 - 2 FALSE
- DK/REF

PROGRAMMER GENERATE Cknow8a_admin YES/NO IF ADMINISTERED

Cknow8b

[IF Cknow4a != 1 & (PROXY = NO & SECONDARY = NO)] INTERVIEWER PLEASE REVIEW THE FOLLOWING STUDY INFORMATION WITH THE RESPONDENT: <IF Cknow1 = b & Cknow2 = c & Cknow3 = c & Cknow8a = 1: I may have covered the consent to participate information too quickly. Let me reread some of the relevant details about the study:>

<IF HH = YES & Cknow8a_admin = NO: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

<IF JA = YES & Cknow8a_admin = NO: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

<IF PR | SH | HL = YES & Cknow8a_admin = NO: Your participation is voluntary, which means it is your choice whether to participate or not. If you choose to participate you can always refuse to answer any question and continue with the next question.>

<IF HH = YES & Cknow8a_admin = YES: YOUR PARTICIPATION IS VOLUNTARY, WHICH MEANS IT IS YOUR CHOICE WHETHER TO PARTICIPATE OR NOT. IF YOU CHOOSE TO PARTICIPATE YOU CAN ALWAYS REFUSE TO ANSWER ANY QUESTION AND CONTINUE WITH THE NEXT QUESTION.>

<IF JA = YES & Cknow8a_admin = YES: YOUR PARTICIPATION IS VOLUNTARY, WHICH MEANS IT IS YOUR CHOICE WHETHER TO PARTICIPATE OR NOT. IF YOU CHOOSE TO PARTICIPATE YOU CAN ALWAYS REFUSE TO ANSWER ANY QUESTION AND CONTINUE WITH THE NEXT QUESTION.>

<IF PR | SH | HL = YES & Cknow8a_admin = YES: YOUR PARTICIPATION IS VOLUNTARY, WHICH MEANS IT IS YOUR CHOICE WHETHER TO PARTICIPATE OR NOT. IF YOU CHOOSE TO PARTICIPATE YOU CAN ALWAYS REFUSE TO ANSWER ANY QUESTION AND CONTINUE WITH THE NEXT QUESTION.>

True or False: You can refuse to answer any questions.

- 1 TRUE
- 2 FALSE
- DK/REF

PROGRAMMER GENERATE Cknow8b_admin YES/NO IF ADMINISTERED

PROGRAMMER: GENERATE CKNOWLEDGEPASS2 IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0)) & (PROXY | SECONDARY = NO)

REPLACE CKNOWLEDGEPASS2 = 1 IF

(Cknow5_admin = YES & Cknow5 = b & Cknow6_admin = NO & Cknow7_admin = NO & Cknow8a_admin = NO & Cknow8b_admin = NO) |

(Cknow6_admin = YES & Cknow6 = c & Cknow5_admin = NO & Cknow7_admin = NO & Cknow8a_admin = NO & Cknow8b_admin = NO) |

(Cknow5_admin = NO & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = NO) |
 (Cknow5_admin = NO & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8b_admin = YES & Cknow8b = 1 & Cknow8a_admin = NO) |
 (Cknow5_admin = NO & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = NO & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = YES & Cknow8b = 1) |
 (Cknow5_admin = NO & Cknow6_admin = NO & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = YES & Cknow8b = 1) |

(Cknow5_admin = YES & Cknow5 = b & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = NO) |
 (Cknow5_admin = YES & Cknow5 = b & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = NO & Cknow8b_admin = YES & Cknow8b = 1) |
 (Cknow5_admin = YES & Cknow5 = b & Cknow6_admin = NO & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = YES & Cknow8b = 1) |
 (Cknow5_admin = NO & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = YES & Cknow8b = 1) |

(Cknow5_admin = YES & Cknow5 = b & Cknow6_admin = YES & Cknow6 = c & Cknow7_admin = YES & Cknow7 = c & Cknow8a_admin = YES & Cknow8a = 1 & Cknow8b_admin = YES & Cknow8b = 1) |

ELSE CKNOWLEDGEPASS2 = 0 IF (HH = NO | (HH = YES & SKNOWLEDGEPASS = 0)) & (PROXY | SECONDARY = NO)

PROGRAMMER:

- IF HH = YES & SKNOWLEDGEPASS = 1 CONTINUE
- IF HH = YES & SKNOWLEDGEPASS = 0 & (CKNOWLEDGEPASS = 1) CONTINUE
- IF HH = YES & SKNOWLEDGEPASS = 0 & (CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 1) CONTINUE
- IF HH = YES & SKNOWLEDGEPASS = 0 & (CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 0) TRIGGER PROXY PROTOCOL AND SKIP TO C17a:
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20210201_ToProgrammingTranslation.docx](#)
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20201214_ToProgramminTranslation_SPA.docx](#)
- IF SH = YES & CKNOWLEDGEPASS = 1 CONTINUE

- IF SH = YES & (CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 1) CONTINUE
- IF SH = YES & (CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 0) & (LAR = YES & SH_PERMISSION_REQ = YES) DO NOT TRIGGER PROXY PROTOCOL AND SKIP DIRECTLY TO C17
- IF SH = YES & (CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 0) & (LAR = YES & SH_PERMISSION_REQ = NO) TRIGGER PROXY PROTOCOL AND SKIP TO C17:
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20210201_ToProgrammingTranslation.docx](#)
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20201214_ToProgramminTranslation_SPA.docx](#)
- IF JA = YES & CKNOWLEDGEPASS = 1 CONTINUE
- IF JA = YES & CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 1) CONTINUE
- IF JA = YES & CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 0) TRIGGER PROXY PROTOCOL AND SKIP TO C17a:
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20210201_ToProgrammingTranslation.docx](#)
[\\RTPNFIL02\mdps\Instrumentation\ClinicalInterview\Spanish Translation\NSMH LAR Permission, Proxy Transition & Proxy Assent_20201214_ToProgramminTranslation_SPA.docx](#)
- IF PR | HL = YES & CKNOWLEDGEPASS = 1 CONTINUE
- IF PR | HL = YES & CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 1) CONTINUE
- IF PR | HL = YES & CKNOWLEDGEPASS = 0 & CKNOWLEDGEPASS2 = 0) SKIP TO C17
- IF PROXY = YES & CKNOWLEDGEPASS = 1 CONTINUE
- IF SECONDARY = YES CONTINUE

PROGRAMMER NOTE: INTERVIEWER ASSESSMENT OF CAPACITY TO BE INTERVIEWED – SHORT BLESSED TEST WILL NOT BE PART OF THE INTERVIEW BUT A JOB AID; IF FAILED & HH | JA | SH = YES PROXY ASSENT THEN SKIP TO C17a; IF FAILED & PR | HL = YES SKIP TO C17; IF PASS CONTINUE. – REMINDER. DO NOT PROGRAM THIS TEXT INTO THE INSTRUMENT.

C5 [IF PROXY = YES | SECONDARY = YES] Before we begin the questions about <NAMEFILL>, we have a few questions about your relationship with <NAMEFILL>.

C6 [IF PROXY = YES | SECONDARY = YES] What is your relationship to <NAMEFILL>?

<input type="checkbox"/> HUSBAND/WIFE/SPOUSE	<input type="checkbox"/> PARENT-IN-LAW
<input type="checkbox"/> UNMARRIED PARTNER	<input type="checkbox"/> SON-IN-LAW OR DAUGHTER-IN-LAW
<input type="checkbox"/> SON OR DAUGHTER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> OTHER RELATIVE

<input type="checkbox"/> BROTHER OR SISTER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> ROOMMATE OR HOUSEMATE
<input type="checkbox"/> FATHER OR MOTHER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> OTHER NONRELATIVE, SUCH AS A MEDICAL OR HEALTH CARE PROVIDER
<input type="checkbox"/> GRANDCHILD	

DK/REF

C6a [IF C6 = OTHER (NON)RELATIVE] [INTERVIEWER PLEASE ENTER THE RELATIONSHIP]

DK/REF

C6b [IF PROXY = YES | SECONDARY = YES] Do you and <NAMEFILL> usually live at the same address?

- 1 YES
 - 2 NO
- DK/REF

C7 [(IF PROXY = YES | SECONDARY = YES) & C6b = NO] How often do you interact with <NAMEFILL>?

INTERVIEWER: READ RESPONSE OPTIONS FOR FIRST TWO CATEGORIES AND REPEAT THEREAFTER AS NEEDED.

	Daily or almost daily	Every week	Every month	Less often than once a month	UNSURE	DOES NOT APPLY
a. In-person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Virtually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. By telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. By email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. By mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. By some other mode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DK/REF

PROGRAMMER IF SECONDARY = YES & C7f = DOES NOT APPLY/DK/REF GO TO C18;
PROGRAMMER IF SECONDARY = YES & C7f != DOES NOT APPLY/DK/REF CONTINUE;
ELSE CONTINUE

C7f_other [IF C7f != DOES NOT APPLY/DK/REF] INTERVIEWER PLEASE ENTER THE OTHER CONTACT MODE

DK/REF

PROGRAMMER IF SECONDARY = YES GO TO C18;
ELSE CONTINUE

COL1

[IF PR = YES OR SH = YES] When <IF PROXY = NO: were you><IF PROXY = YES: was <NAMEFILL>> admitted to this facility?

[IF HL = YES] When <IF PROXY = NO: did you><IF PROXY = YES: did <NAMEFILL>> enter this shelter?

COL1a. 2-DIGIT MONTH: _____ [RANGE: 1 – 12] DK/REF

COL1b. 2-DIGIT DAY: _____ [RANGE: 1 – 31] DK/REF

COL1c. 4-DIGIT YEAR: _____ [RANGE: 1915 – current year]

DK/REF

[PROGRAMMER: CALCULATE LENGTH OF STAY; USE THE 15TH IF COL1b = DK/REF]

PROGRAMMER IF (COL1c <= (CURRENT YEAR - CSD1_age)) PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Year <IF PR = YES OR SH = YES: admitted to this facility><IF HL = YES: entered this shelter> cannot be earlier than year of birth.

COL2

[IF COL1a = DK/REF AND COL1c != DK/REF] What time of year was it? Was it winter, spring, summer, or fall when <IF PROXY = NO: you were><IF PROXY = YES: <NAMEFILL> was> admitted to this facility?

1 WINTER

2 SPRING

3 SUMMER

4 FALL

DK/REF

[PROGRAMMER: CALCULATE LENGTH OF STAY IN MONTHS]

PROGRAMMER: CALCULATE LENGTH OF STAY. FOR WINTER USE JANUARY AS THE MONTH; FOR SPRING APRIL, FOR SUMMER JULY, FOR FALL OCTOBER

PROGRAMMER: IF COL2 = DK/REF & (COL1c = CURRENT YEAR OR CURRENT YEAR – 1) then “LENGTH OF STAY IN MONTHS” = 11 (Less than 12 months)

IF COL2 = DK/REF & (COL1c >= CURRENT YEAR -2) then “LENGTH OF STAY IN MONTHS” = 12* (CURRENT YEAR – COL1c) (More than 12 months)

CSD2a

What sex was recorded on <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL.’s> original birth certificate?

1 MALE

2 FEMALE

DK/REF

CSD2b

What is <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> current gender identity?
Please tell me which of the following apply to <IF PROXY = NO: you><IF PROXY = YES:
<NAMEFILL>>.

	YES	NO
a. Male	<input type="radio"/>	<input type="radio"/>
b. Female	<input type="radio"/>	<input type="radio"/>
c. Transgender	<input type="radio"/>	<input type="radio"/>
d. I am not sure of <IF PROXY = NO: my><IF PROXY = YES: <NAMEFILL>'s> gender identity	<input type="radio"/>	<input type="radio"/>

PROGRAMMER CHECKBOX: I DO NOT KNOW WHAT THIS QUESTION IS ASKING AND SET CSD2b to
DK
REF

PROGRAMMER DEFINE PRSEX1 & PRSEX2 & PRSEX3

IF CSD2ba = 1 & (CSD2bb & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX1 = he
IF CSD2ba = 1 & (CSD2bb & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX2 = his
IF CSD2ba = 1 & (CSD2bb & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX3 = him
IF CSD2bb = 1 & (CSD2ba & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX1 = she
IF CSD2bb = 1 & (CSD2ba & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX2 = her
IF CSD2bb = 1 & (CSD2ba & CSD2bc & CSD2bd = 2 & CSD2b != DK/REF) THEN PRSEX3 = her
ELSE PRSEX1 = they
ELSE PRSEX2 = their
ELSE PRSEX3 = them

PROGRAMMER DEFINE CURRSEX FILL

IF CSD2ba = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES:
describes themselves> as male"
IF CSD2bb = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES:
describes themselves> as female"
IF CSD2bc = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES:
describes themselves> as transgender"
IF CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: are not sure of your><IF PROXY = YES: is
not sure of <PRSEX2>> gender identity"

IF CSD2ba = 1 & CSD2bb = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY
= YES: describes themselves> as male and female"

IF CSD2ba = 1 & CSD2bc = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY
= YES: describes themselves> as male and transgender"

IF CSD2ba = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY
= YES: describes themselves> as male and not sure of <IF PROXY = NO: your><IF PROXY = YES:
<PRSEX2>> gender identity"

IF CSD2bb = 1 & CSD2bc = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY
= YES: describes themselves> as female and transgender"

IF CSD2bb = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as female and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

IF CSD2bc = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as transgender and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

IF CSD2ba = 1 & CSD2bb = 1 & CSD2bc = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as male, female, and transgender"

IF CSD2ba = 1 & CSD2bb = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as male, female, and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

IF CSD2ba = 1 & CSD2bc = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as male, transgender, and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

IF CSD2bb = 1 & CSD2bc = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as female, transgender, and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

IF CSD2ba = 1 & CSD2bb = 1 & CSD2bc = 1 & CSD2bd = 1 THEN CURRSEX FILL = "<IF PROXY = NO: describe yourself><IF PROXY = YES: describes themselves> as male, female, transgender, and not sure of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> gender identity"

PROGRAMMER DEFINE BIRTHSEX

IF CSD2a = 1 THEN BIRTHSEX = male

IF CSD2a = 2 THEN BIRTHSEX = female

ELSE BIRTHSEX = BLANK

CSD2c [IF (CSD2a = 1 AND (CSD2bb = 1 OR CSD2bc = 1 OR CSD2bd = 1)) OR (CSD2a = 2 AND (CSD2ba = 1 OR CSD2bc = 1 OR CSD2bd = 1))] Just to confirm what you told me, [BIRTHSEX] was recorded on <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> original birth certificate and now <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> [CURRSEX FILL]. Is that correct?

1 YES

2 NO

DK/REF

CSD2d [IF CSD2c = 2] Please answer this question again: What sex was recorded on <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> original birth certificate?

1 MALE

2 FEMALE

DK/REF

CSD2e [IF CSD2c = 2] What is <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> current gender identity? Please tell me which of the following apply to <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>>.

	YES	NO
a. Male	<input type="radio"/>	<input type="radio"/>
b. Female	<input type="radio"/>	<input type="radio"/>
c. Transgender	<input type="radio"/>	<input type="radio"/>
d. I am not sure of <IF PROXY = NO: my><IF PROXY = YES: <NAMEFILL>'s> gender identity	<input type="radio"/>	<input type="radio"/>

PROGRAMMER CHECKBOX: I DO NOT KNOW WHAT THIS QUESTION IS ASKING AND SET
CSD2e to DK
REF

PROGRAMMER REPLACE PRSEX1 & PRSEX2

```
IF CSD2ea = 1 & (CSD2eb & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX1 = he
IF CSD2ea = 1 & (CSD2eb & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX2 = his
IF CSD2ea = 1 & (CSD2eb & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX3 = him
IF CSD2eb = 1 & (CSD2ea & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX1 = she
IF CSD2eb = 1 & (CSD2ea & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX2 = her
IF CSD2eb = 1 & (CSD2ea & CSD2ec & CSD2ed = 2 & CSD2e != DK/REF) THEN PRSEX3 = her
ELSE PRSEX1 = they
ELSE PRSEX2 = their
ELSE PRSEX3 = them
```

PROGRAMMER DEFINE TRANSID

```
IF CSD2bc = 1 AND CSD2e = BLANK THEN TRANSID = 1
IF CSD2bc = 1 AND CSD2e = 3 THEN TRANSID = 1
IF CSD2ba = 1 AND CSD2e = 3 THEN TRANSID = 1
IF CSD2bb = 1 AND CSD2e = 3 THEN TRANSID = 1
IF CSD2bd = 1 AND CSD2e = 3 THEN TRANSID = 1
IF CSD2ba = 1 AND CSD2bb = 1 AND CSD2c = 1 THEN TRANSID =1
IF CSD2ea = 1 AND CSD2eb = 1 AND CSD2c = 2 THEN TRANSID =1

ELSE TRANSID = 2
```

C18 INTERVIEWER PLEASE INDICATE WHETHER YOU ARE ONLINE OR NOT

- 1 ONLINE
- 2 OFFLINE

[IF C18 = 2 & C19 = 1] IF YOU ARE OFFLINE NetSCID ONLINE CANNOT BE SELECTED.
PLEASE CHECK YOUR ANSWERS.

C19 INTERVIEWER PLEASE SELECT EITHER NetSCID ONLINE OR PAPER SCID TO CONTINUE.
ADMINISTER THE ...

- 1 NetSCID ONLINE
- 2 PAPER SCID

PROGRAMMER: IF C19 = 1 LAUNCH NETSCID; IF C19 = 2 CONTINUE

[IF C18 = 2 & C19 = 1] IF YOU ARE OFFLINE NetSCID ONLINE CANNOT BE SELECTED.
PLEASE CHECK YOUR ANSWERS.

[IF C19 = 2] INTERVIEWER PLEASE ADMINISTER THE PAPER VERSION OF THE SCID. WHEN
COMPLETED PLEASE RETURN TO THE BLAISE INSTRUMENT TO CONTINUE WITH THE
INTERVIEW.

[IF C19 = 2] PROGRAMMER SKIP DIRECTLY TO CIGARETTE AND E-CIGARETTE USE
MODULE

PROGRAMMER TIME STAMP SET: SCID

SECTION 1: SCID OVERVIEW

SCID Overview: Adjusted based on First et al. (2016) SCID-5-CV. STRUCTURED CLINICAL INTERVIEW FOR DSM-5®
DISORDERS. CLINICIAN VERSION. (See separate file)

[NOTE INTERVIEWER REENTER DOB, SEX, AND GENDER IDENTITY WITHOUT REASKING.]

MEDICATION SHOWCARD 1 FOR TREATMENT HISTORRY

1 -- ABILIFY	18 -- CHLORPROMAZINE	35 -- ESKETAMINE
2 -- ABILIFY MAINTENA	19 -- CITALOPRAM	36 -- FANAPT
3 -- ALPRAZOLAM	20 -- CLONAZEPAM	37 -- FETZIMA
4 -- AMITRIPTYLINE	21 -- CLONIDINE	38 -- FLUOXETINE
5 -- ARIPIRAZOLE	22 -- CLOZAPINE	39 -- FLUPHENAZINE
6 -- ASENAPINE	23 -- CLOZARIL	40 -- GABAPENTIN
7 -- ATIVAN	24 -- CYMBALTA	41 -- GEODON
8 -- BRINTELLIX OR TRINTELLIX	25 -- DEPAKENE	42 -- HALDOL
9 -- BUDEPRION	26 -- DEPAKOTE	43 -- HALOPERIDOL
10 -- BUPROPION	27 -- DESVENLAFAXINE	44 -- ILOPERIDONE
11 -- BUSPAR	28 -- DESYREL	45 -- INDERAL
12 -- BUSPIRONE	29 -- DIAZEPAM	46 -- INVEGA
13 -- CARBAMAZEPINE	30 -- DIVALPROEX	47 -- INVEGA SUSTENNA
14 -- CARBATROL	31 -- DULOXETINE	48 -- KETAMINE
15 -- CATAPRES	32 -- EFFEXOR	49 -- KLONOPIN
16 -- CELEXA	33 -- ELAVIL	50 -- LAMICTAL
17 -- CHLORDIAZEPOZIDE	34 -- ESCITALOPRAM	51 -- LAMOTRIGINE
52 -- LATUDA	70 -- PAXIL	88 -- TEMAZEPAM
53 -- LEVOMILNACIPRAN	71 -- PRAZOSIN	89 -- THORAZINE
54 -- LEXAPRO	72 -- PREGABALIN	90 -- TOPAMAX
55 -- LIBRIUM	73 -- PRISTIQ	91 -- TOPIRAMATE
56 -- LITHIUM	74 -- PROLIXIN	92 -- TRAZODONE
57 -- LITHOBID	75 -- PROPRANOLOL	93 -- TRILEPTAL
58 -- LORAZEPAM	76 -- PROZAC	94 -- VALIUM
59 -- LURASIDONE	77 -- QUETIAPINE	95 -- VALPROIC ACID
60 -- LYRICA	78 -- REMERON	96 -- VENLAFAXINE
61 -- MINIPRESS	79 -- RESTORIL	97 -- VIIBRYD
62 -- MIRTAZAPINE	80 -- RISPERDAL	98 -- VILAZODONE
63 -- MODAFINIL	81 -- RISPERIDONE	99 -- VORTIOXETINE
64 -- NEURONTIN	82 -- SAPHRIS	100 -- WELLBUTRIN
65 -- NUVIGIL	83 -- SEROQUEL	101 -- XANAX
66 -- OLANZAPINE	84 -- SERTRALINE	102 -- ZIPRASIDONE
67 -- OXCARBAZEPINE	85 -- SPRAVATO	103 -- ZOLOFT
68 -- PALIPERIDONE	86 -- STRATTERA	104-- ZYPREXA
69 -- PAROXETINE	87 -- TEGRETOL	

SECTION 2: SCID DISORDERS

SCID Disorder Modules: Adjusted based on First et al. (2016) SCID-5-CV. STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS. CLINICIAN VERSION. (See Separate file.)

SECTION 3: CIGARETTE AND E-CIGARETTE USE

- C20** [IF C19 = 1] JUST TO CONFIRM, DID YOU COMPLETE THE NetSCID INSTRUMENT?
- 1 YES, COMPLETED THE ENTIRE NetSCID
 - 2 YES, COMPLETED A PARTIAL NetSCID
 - 3 NO, DID NOT COMPLETE THE NetSCID

PROGRAMMER: IF C20 = 1 | 2 CONTINUE

ELSE PROMPT: PLEASE CONDUCT THE SCID INTERVIEW AND RETURN HERE TO CONTINUE ONCE COMPLETED

- C20SCID** [IF C19 = 2] JUST TO CONFIRM, DID YOU COMPLETE THE PAPER SCID INSTRUMENT?
- 1 YES, COMPLETED THE ENTIRE PAPER SCID
 - 2 YES, COMPLETED A PARTIAL PAPER SCID
 - 3 NO, DID NOT COMPLETE THE PAPER SCID

PROGRAMMER: IF C20SCID = 1 | 2 CONTINUE

ELSE PROMPT: PLEASE CONDUCT THE SCID INTERVIEW AND RETURN HERE TO CONTINUE ONCE COMPLETED

PROGRAMMER TIME STAMP SET: CIGARETTE

- CT1** These next questions are about <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>'s> use of cigarettes. <IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> **ever** smoked part or all of a cigarette?
- 1 YES
 - 2 NO
- DK/REF

- CT2** [IF (PR = NO) & CT1 = YES] Did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> smoke part or all of a cigarette during the **past 12 months**?
- 1 YES
 - 2 NO
- DK/REF

- CT3** [IF (PR = NO) & CT2 = 1] On the day(s) <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> smoked cigarettes **during the past 12 months**, how many cigarettes did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> smoke?
- 1 LESS THAN ONE CIGARETTE
 - 2 1 CIGARETTE
 - 3 2 TO 5 CIGARETTES
 - 4 6 TO 15 CIGARETTES (ABOUT ½ PACK)
 - 5 16 TO 25 CIGARETTES (ABOUT 1 PACK)
 - 6 26 TO 35 CIGARETTES (ABOUT 1 ½ PACKS)
 - 7 MORE THAN 35 CIGARETTES (ABOUT 2 PACKS OR MORE)

DK/REF

CT4 The next questions are about using e-cigarettes or other vaping devices. These devices might also be called vapes, vape pens, e-hookah, e-vaporizer, or mods. When answering, please include any device that is used to inhale a mist or vapor into the lungs.

<IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> **ever**, even once, vaped any of the following with an e-cigarette or other vaping device?

	YES	NO
a. Nicotine	<input type="radio"/>	<input type="radio"/>
b. Marijuana	<input type="radio"/>	<input type="radio"/>
c. Just flavoring	<input type="radio"/>	<input type="radio"/>
d. Some other substance	<input type="radio"/>	<input type="radio"/>

DK/REF

CT5 [IF CT4a | CT4b | CT4c | CT4d = YES & PR = NO] How long has it been since <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> **last** vaped using an e-cigarette or other vaping device?

- 1 Less than 30 days ago
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago but within the past 3 years
- 4 More than 3 years ago

DK/REF

CT6 [IF CT5 = 1 & PR = NO] What is your **best estimate** of the number of days <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> vaped using an e-cigarette or other vaping device during the past 30 days, that is since <DATEFILL>?

- 1 1 OR 2 DAYS
- 2 3 TO 5 DAYS
- 3 6 TO 9 DAYS
- 4 10 TO 19 DAYS
- 5 20 TO 29 DAYS
- 6 ALL 30 DAYS

DK/REF

PROGRAMMER: SHOW 30 DAY CALENDAR

SECTION 4: TREATMENT

PROGRAMMER TIME STAMP SET: TREATMENT

CT7a I would now like to know more about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL's>> health and health care. I know we have already covered some of these questions earlier in the interview but for completeness I need to ask some of them again.

CT7 [IF SH = NO] During the past 12 months, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer as an inpatient in a hospital?

- 1 YES
- 2 NO
- DK/REF

CT9a The next set of questions are about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL's>> mental health treatment and I'll be asking about alcohol and substance use treatment separately.

CT9Intro Now think about professional counseling, medication, or other treatment <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> may have received to help with **<IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, or behavior.** These treatment types can be received during an overnight stay, outpatient visit, or over the phone or internet.

CT9 [IF SH = NO] <IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> **ever** received professional counseling, medication or other treatment to help with <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, or behavior?

- 1 YES
- 2 NO
- DK/REF

CT10 [IF CT9 = 1 AND SH = NO] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> received **inpatient or residential treatment**, that is <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer to receive **professional counseling, medication, or other treatment** for <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, or behavior at any of these places?

- a hospital,
- a residential mental health treatment center,
- a residential drug or alcohol treatment or rehab center,
- or some other place

- 1 YES
- 2 NO
- DK/REF

CT11

[IF CT9 = 1 | SH = YES] Treatment can <IF SH = NO: also> be provided without needing to stay overnight. This type of care is called **outpatient treatment**.

<IF SH = NO | SH = YES & LENGTH OF STAY < 12 MONTHS: During the **past 12 months**,><IF SH = YES & LENGTH OF STAY >= 12 MONTHS: Thinking about the **12 months before** <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> stay in this facility,> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> received **outpatient** professional counseling, medication, or other treatment for <IF PROXY = NO: your><IF PROXY = YES: < PRSEX2>> mental health, emotions, or behavior at any of these places?

- a mental health treatment center;
- a drug or alcohol treatment or rehab center;
- the office of a therapist, psychologist, psychiatrist, mental health professional, or doctor;
- a school, college, or a university clinic;
- a shelter for the homeless;
- a jail, prison, or juvenile detention facility;
- phone, text, video, telemedicine; or
- some other place

1 YES

2 NO

DK/REF

CT12

[IF CT11 = YES] Think about all the facilities where <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> received **outpatient professional counseling, medication, or other treatment** for <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, or behavior <IF SH = NO | SH = YES & LENGTH OF STAY < 12 MONTHS: during the **past 12 months**><IF SH = YES & LENGTH OF STAY >= 12 MONTHS: during the **12 months before** <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> stay in this facility>.

How many visits did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> make?

_____ # OF VISITS: [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between <IF VISITS: 1 and 366>.

CT13

[IF CT9 = 1 | SH = YES] During the **past 12 months**, did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> take any **medication** that was prescribed by a doctor or health care professional to help with <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, behavior, energy, concentration, or ability to cope with stress?

- 1 YES
- 2 NO
- DK/REF

CT14 [IF CT13 = YES] And <IF PROXY = NO: are you><IF PROXY = YES: is <NAMEFILL>> **currently** taking any **medication** that was prescribed by a doctor or health care professional to help with <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> mental health, emotions, behavior, energy, concentration, or ability to cope with stress?

- 1 YES
- 2 NO
- DK/REF

CT15 [IF CT14 = YES] And what prescription medication is that? <IF PR = NO: For each medication that <IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> currently taking, you can also look at <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> prescription bottles if necessary.> <IF PR = YES: If you keep a list of the prescription medications you take, you can look at that.>

<IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently taking ...

INTERVIEWER: IF NECESSARY, SHOW SHOWCARD IF IN PERSON OR IF VIRTUAL SHARE YOUR SCREEN AND/OR POINT TO WEBSITE.

Medicine	
A prescription medicine for problems with <IF PROXY = NO: your ><IF PROXY = YES: <NAMEFILL>'s> emotions, nerves, mental health, behavior, energy, concentration, or ability to cope with stress:	
Another prescription medicine <IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> currently taking for any of those problems?	
Another?	
Another?	
Another?	
Another?	
Another?	
Another prescription medicine <IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> currently taking for problems with <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> emotions, nerves, mental health, behavior, energy, concentration, or ability to cope with stress?	
Another?	
Another?	
Another?	
Another?	
Another?	

Another prescription medicine IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> currently taking for any of those problems?	
Another?	
Another?	
Another?	
Another?	
Another?	
Another?	

NO MORE MEDICATIONS

DK/REF

CT16

The next questions ask about treatment such as professional counseling, medication, or other treatment <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> may have received for **use of alcohol or drugs, not including cigarettes**. These treatment types can be received during an overnight stay, outpatient visit, or over the phone or internet.

<IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> **ever** received professional counseling, medication or other treatment for <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use?

1 YES

2 NO

DK/REF

CT17

[IF CT16 = 1] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> received **inpatient or residential treatment**, that is <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer to receive **professional counseling, medication, or other treatment** for <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use at any of these places?

- a residential drug or alcohol treatment or rehab center,
- a hospital,
- a residential mental health treatment center, or
- some other place

1 YES

2 NO

DK/REF

CT18

[IF CT16 = 1] Treatment can <IF SH = NO: also> be provided without needing to stay overnight. This type of care is called **outpatient treatment**.

<IF SH = NO | SH = YES & LENGTH OF STAY < 12 MONTHS: During the **past 12 months**,><IF SH = YES & LENGTH OF STAY >= 12 MONTHS: Thinking about the **12 months before** <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> stay in this facility,> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> received **outpatient** professional counseling, medication, or other treatment for <IF PROXY = NO: your><IF

PROXY = YES: <PRSEX2>> alcohol or drug use at any of these places?

- a drug or alcohol treatment or rehab center;
- a mental health treatment center;
- the office of a therapist, psychologist, psychiatrist, mental health professional, or doctor;
- a school, college, or a university clinic;
- a shelter for the homeless;
- a jail, prison, or juvenile detention facility;
- phone, text, video, telemedicine; or
- some other place

1 YES

2 NO

DK/REF

CT19

[IF CT18 = YES] Think about all the facilities where <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> received outpatient **professional counseling, medication, or other treatment** for <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use <IF SH = NO | SH = YES & LENGTH OF STAY < 12 MONTHS: during the **past 12 months**><IF SH = YES & LENGTH OF STAY >= 12 MONTHS: during the **12 months before** <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> stay in this facility>.

How many visits did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> make?

_____ # OF VISITS: [RANGE: 1 - 366]

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between <IF VISITS: 1 and 366>.

CT20

[IF CT16 = 1] The next questions are about **prescription medication** <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> may have used to cut back or stop <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use. These medications are different from medications given to stop an overdose.

During the past 12 months, did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> use any medication prescribed by a doctor or health care professional to help cut back or stop <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use?

Please, answer 'yes' even if <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> took them only once. <IF PR = NO: For medications that <IF PROXY = NO: you take><IF PROXY = YES: <NAMEFILL> takes> currently, you can also look at <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> prescription bottles if necessary.> <IF PR = YES: If you keep a list of the prescription medications you take, you can look at that.>

Did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> take any of the following...

	YES	NO
a. Methadone	<input type="radio"/>	<input type="radio"/>
b. Buprenorphine or buprenorphine-naloxone pills or film taken by mouth, also known as Suboxone, Zubsolv, Bunavail, or Subutex	<input type="radio"/>	<input type="radio"/>
c. Injectable Buprenorphine, also known as Sublocade	<input type="radio"/>	<input type="radio"/>
d. Buprenorphine implant placed under the skin, also known as Probuphine	<input type="radio"/>	<input type="radio"/>
e. Naltrexone pills, also known as ReVia or Trexan	<input type="radio"/>	<input type="radio"/>
f. Injectable naltrexone, also known as Vivitrol	<input type="radio"/>	<input type="radio"/>
g. Acamprosate, also known as Campral	<input type="radio"/>	<input type="radio"/>
h. Disulfiram, also known as Antabuse	<input type="radio"/>	<input type="radio"/>
i. Some other prescription medication that you used to cut back or stop your alcohol or drug use	<input type="radio"/>	<input type="radio"/>

DK/REF

CT20SP [IF CT20i = YES] Please tell me the name of another prescription medication <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> used to cut back or stop <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> alcohol or drug use **during the past 12 months.**

_____ OTHER PRESCRIPTION DRUG [ALLOW 50 CHARACTERS]
DK/REF

COV0 Now I have a few questions for you about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> experiences regarding the Coronavirus Disease 2019 pandemic, also referred to as COVID-19, in the U.S.

Because of the COVID-19 pandemic in the U.S., did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> experience any of the following in <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>>

COV1 [IF CT9 = 1 | SH = YES] ... access to **mental health** treatment?

	YES	NO	DOES NOT APPLY
a. Appointments moved from in-person to telehealth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Delays or cancellations in appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Delays in getting prescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unable to access needed care resulting in moderate to severe impact on health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DK/REF

COV5

BECAUSE OF THE COVID-19 PANDEMIC IN THE U.S., DID <IF PROXY = NO: YOU><IF PROXY = YES: <NAMEFILL>> EXPERIENCE ANY OF THE FOLLOWING IN <IF PROXY = NO: YOUR><IF PROXY = YES: <PRSEX2>>

[IF CT16 = 1] ... access to treatment for **alcohol or drug use**?

	YES	NO	DOES NOT APPLY
a. Appointments moved from in-person to telehealth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Delays or cancellations in appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Delays in getting prescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unable to access needed care resulting in moderate to severe impact on health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DK/REF

COV2

BECAUSE OF THE COVID-19 PANDEMIC IN THE U.S., DID <IF PROXY = NO: YOU><IF PROXY = YES: <NAMEFILL>> EXPERIENCE ANY OF THE FOLLOWING IN <IF PROXY = NO: YOUR><IF PROXY = YES: <PRSEX2>>

... access to **medical** care?

	YES	NO	DOES NOT APPLY
a. Appointments moved from in-person to telehealth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Delays or cancellations in appointments or preventive services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Delays in getting prescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unable to access needed care resulting in moderate to severe impact on health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DK/REF

CT21A

These next questions are about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> insurance coverage.

Several government programs provide medical care or help pay medical bills.

Medicare is a health insurance program for **people aged 65 and older** and for certain people with disabilities. <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> covered by **Medicare**?

1 YES

2 NO

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CT21B Medicaid is a public assistance program that pays for medical care **for people with low income and people with disabilities**. Medicaid may also be called Medical Assistance.

<IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> covered by Medicaid?

- 1 YES
- 2 NO
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CT21C There are certain programs that cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.

<IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care?

INTERVIEWER NOTE, READ IF NECESSARY:

CHAMPUS stands for civilian health and medical program of the uniformed services. It provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. In some areas, this may be known as **TRICARE**.

CHAMPVA stands for civilian health and medical program of the department of veterans affairs. It provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

The **VA** provides medical assistance to veterans of the armed forces.

Military health care refers to health care available to active duty personnel and

their dependents.

- 1 YES
- 2 NO
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CT21D Private health insurance can be obtained through work, such as through an employer, union, or professional association, by paying premiums directly to a health insurance company, or by purchasing a plan through the Health Insurance Marketplace. It includes coverage by a health maintenance organization or HMO, fee for service plans, and single service plans.

<IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently covered by private health insurance?

- 1 YES
- 2 NO
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

**IF NO TO ALL OF CT21A THROUGH CT21D, CONTINUE.
IF YES TO ANY OF CT21A THROUGH CT21D, GO TO CT22**

CT21E <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently covered by any kind of health insurance, that is, any policy or program that provides or pays for medical care?

- 1 YES
- 2 NO
- DK/REF

INTERVIEWER NOTE: IF THE RESPONDENT REPORTS INDIAN HEALTH INSURANCE, ENTER

“YES”.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: “This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT ‘SKIP’ TO CONTINUE.”

CT22 <IF PR = NO: <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently receiving disability benefits such as Supplemental Security Income or SSI, Social Security Disability Insurance or SSDI, or disability benefits from the U.S. Department of Veterans Affairs or VA?>

<IF PR = YES: Were you receiving disability benefits such as Supplemental Security Income or SSI, Social Security Disability Insurance or SSDI, or disability benefits from the U.S. Department of Veterans Affairs or VA just before your incarceration?>

- 1 YES
 - 2 NO
- DK/REF

CT23 [IF ((SH | HL | PR = YES) & CT22 = 1) | (SH2 = NO & CT22 = YES) | (HH | JA = YES & SH3a | b = DK/REF & CT22 = YES)] <IF PR = NO: <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently><IF PR = YES: Were you> receiving disability benefits for:

	YES	NO
a. Problems with emotions, nerves, or mental health?	<input type="radio"/>	<input type="radio"/>
b. Problems with <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> physical health?	<input type="radio"/>	<input type="radio"/>

DK/REF

CT24 [IF CT23a = 1] Which of the following mental health problems <IF PR = NO: are><IF PR = YES: were> reasons for <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> disability:

	YES	NO
a. Depression	<input type="radio"/>	<input type="radio"/>
b. Bipolar disorder	<input type="radio"/>	<input type="radio"/>
c. Post-traumatic stress disorder	<input type="radio"/>	<input type="radio"/>
d. Schizophrenia or schizoaffective disorder	<input type="radio"/>	<input type="radio"/>
e. Any other mental health problem	<input type="radio"/>	<input type="radio"/>

DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CT8 [IF PR = YES AND LENGTH OF STAY < 12 MONTHS] During the **past 12 months**, did a case manager or other treatment provider help you to obtain any of the following types of housing assistance?

- HUD
- Section 8 Certificates
- Other living programs provided by local, state, or federal government

1 YES

2 NO

DK/REF

SECTION 5: SOCIO-DEMOGRAPHICS

PROGRAMMER TIME STAMP SET: CDEMOGRAPHICS

We are almost at the end of the interview and I would now like to ask you some background questions. <IF PR | SH | HL = YES: I know we may have already covered some of these questions earlier in the interview but for completeness I need to ask again.>

CSD4 [IF PR | SH | HL = YES] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> now married, widowed, divorced, separated, or <IF PROXY = NO: have you><IF PROXY = YES: has <PRSEX1>> never married?

- 1 NOW MARRIED
 - 2 WIDOWED
 - 3 DIVORCED
 - 4 SEPARATED <IF PR = YES: – FOR REASONS OTHER THAN INCARCERATION>
 - 5 NEVER MARRIED
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: “This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT ‘SKIP’ TO CONTINUE.”

CSD5 [IF CSD4 != 1 & (SH | HL = YES)] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> now living with a partner?

- 1 YES
 - 2 NO
- DK/REF

CSD6 [IF PR | HL | SH = YES] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> of Hispanic, Latino or Spanish origin?
That is, do any of these groups describe <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> national origin or ancestry—Puerto Rican, Cuban, Cuban-American, Mexican, Mexican-American, Chicano, Central or South American, or origin in some other Spanish-speaking country?

- 1 YES
 - 2 NO
- DK/REF

C2 [IF PR | SH | HL = YES & CSD6 = 1] <IF PROXY = NO: Do you><IF PROXY = YES: Does <NAMEFILL>> speak Spanish only, mostly Spanish with some English, Spanish and English about the same, mostly English with some Spanish, or English only?

- 1 SPANISH ONLY
 - 2 MOSTLY SPANISH, BUT SOME ENGLISH
 - 3 SPANISH AND ENGLISH ABOUT THE SAME
 - 4 MOSTLY ENGLISH, BUT SOME SPANISH
 - 5 ENGLISH ONLY
- DK/REF

CSD7 [IF PR | HL | SH = YES] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Asian? *Please mark all that apply.*

- WHITE
 - BLACK OR AFRICAN AMERICAN
 - AMERICAN INDIAN OR ALASKA NATIVE
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 - ASIAN
- DK/REF

CSD8 [IF PR | SH | HL = YES] What is the highest grade or level of school <IF PROXY = NO: you have><IF PROXY = YES: <NAMEFILL> has> completed?

If currently enrolled, please tell me <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> previous grade or highest degree received.

- 1 Less than a high school diploma
 - 2 High school degree or equivalent (for example: GED)
 - 3 Some college, no degree
 - 4 Associate degree (for example: AA, AS)
 - 5 Bachelor's degree (for example: BA, BS)
 - 6 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 - 7 Professional degree (for example: MD, DDS, DVM, LLB, JD)
 - 8 Doctorate degree (for example: PhD, EdD)
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CSD9

[IF PR | SH | HL = YES] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently attending a college, university, or trade school either full-time or part-time?

If <IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> on a holiday or break from school, such as spring break or summer vacation, but <IF PROXY = NO: plan><IF PROXY = YES: plans> to return when the break is over, please answer yes.

- 1 YES
- 2 NO
- DK/REF

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CSD9a

[IF CSD9 = YES] How long ago did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> first enroll at this college, university, or trade school? If <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> transferred to <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> current institution directly from another college or university, please include that time. Was that ...

- 1 Within the past 12 months, or
- 2 More than 12 months ago
- DK/REF

CSD9b

[IF CSD9 = YES & PR = NO & HL = NO] <IF PROXY = NO: Do you><IF PROXY = YES: Does <NAMEFILL>> **currently** live in college-owned housing on campus, such as a dorm or a residence hall?

- 1 YES
- 2 NO
- DK/REF

CSD9e

[IF CSD9b = NO | (PR | HL = YES & LENGTH OF STAY < 12 MONTHS & CSD9 = YES)] **At any time** <IF CSD9a = 1: since <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> enrolled as a student,><IF CSD9a = 2: during the past 12 months,> did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> live in college-owned housing on campus, such as a dorm or a residence hall?

- 1 YES
- 2 NO
- DK/REF

CSD9c [IF CSD9b = YES | SSD9e = YES] <IF CSD9a = 1: Since <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> enrolled as a student,><IF CSD9a = 2: During the past 12 months,> **did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> mostly live** in college-owned housing on campus, such as a dorm or a residence hall?

- 1 YES
- 2 NO
- DK/REF

CSD9d [IF CSD9c = NO | CSD9e = NO] You said <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> did not live on campus <IF CSD9c = NO: most of the time><IF CSD9e = NO: at any time><IF CSD9a = 1: since <IF PROXY = NO: you><IF PROXY = YES: <PRSEX1>> enrolled><IF CSD9a = 2: during the past 12 months>. In what type of off-campus housing **did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> mostly live** in during that time? Is that ...

- 1 Off-campus housing, owned or managed by the school,
- 2 Off campus with relatives, such as parents or guardians, or
- 3 Other off-campus housing?
- DK/REF

CSD10 [IF PR | SH | HL = YES | SCREENER MAIL COMPLETE = YES] <IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> **ever** served in the United States Armed Forces?

- 1 YES
- 2 NO
- DK/REF

CSD11 [IF CSD10 = YES] <IF PROXY = NO: Are you><IF PROXY = YES: Is <NAMEFILL>> currently serving on **active duty** in the United States Armed Forces?

- 1 YES
- 2 NO
- DK/REF

CSD12 [IF (PR = YES & LENGTH OF STAY <12 MONTHS/DK/REF) | HH | HL | SH = YES] The next question is about encounters with the police or the court system.

Not counting minor traffic violations, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> been arrested or booked for breaking the law during the past 12 months?

Being 'booked' means that <IF PROXY = NO: you were><IF PROXY = YES: <NAMEFILL> was> taken into custody and processed by the police or by someone connected with the courts, even if <IF PROXY = NO: you were><IF PROXY = YES: <PRSEX1> was> then released.

- 1 YES

2 NO
DK/REF

CSD13 [IF PR = NO | (PR = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) "**Probation**" is a period of time when a person is supervised in the community after being convicted of a crime by a judge.

<IF PROXY = NO: Were you><IF PROXY = YES: Was <NAMEFILL>> on **probation** at any time **during the past 12 months?**

1 YES
2 NO
DK/REF

CSD14 [IF PR = NO | (PR = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) "**Parole**," which may also be called "supervised release" or "other conditional release," is a period of time when a person is supervised in the community after being released from prison.

<IF PROXY = NO: Were you><IF PROXY = YES: Was <NAMEFILL>> on **parole, supervised release, or other conditional release from prison** at any time **during the past 12 months?**

1 YES
2 NO
DK/REF

CSD15 [IF PR | SH | HL = YES] The next question is about working. **Last week**, did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> work for pay at a job or business? By last week, I mean the week beginning on Sunday, <STARTDATE> and ending on Saturday, <ENDDATE>. <IF PR = YES: Please include if you work in prison.>

TO VIEW INFORMATION ABOUT UNPAID WORK PLEASE CLICK ON THE QUESTION MARK OR PRESS F2.

1 YES
2 NO – DID NOT WORK OR ARE RETIRED
DK/REF

INTERVIEWER NOTE, READ AS NEEDED:

- Please include
 - unpaid work in a family farm or business if <IF PROXY = NO: you usually work><IF PROXY = YES: <NAMEFILL> usually works> more than 15 hours each week, or
 - personal labor <IF PROXY = NO: you provide><IF PROXY = YES: <NAMEFILL> provides> in exchange for work done for <IF PROXY = NO: you><IF PROXY = YES: <PRSEX3>, rather than for pay.
- Please **do not** include

- work done as part of a student stipend, or
- volunteer work.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF LEFT BLANK INSTEAD OF OUR GENERIC ONE: This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'NOT SURE' OR 'PREFER NOT TO ANSWER' AND CLICK 'NEXT' TO CONTINUE.

PROGRAMMER PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE IF DK/REF IS SELECTED: "This question is important for classification purposes. Please try to answer if you can. OTHERWISE SELECT 'SKIP' TO CONTINUE."

CSD15a [IF CSD15 = NO] **Last week**, did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> do **any** work for pay, even for as little as one hour?

- 1 YES
- 2 NO
- DK/REF

CSD15b [IF CSD15a = NO] **Last week**, <IF PROXY = NO: were you><IF PROXY = YES: was <NAMEFILL>> on layoff from a job?

- 1 YES
- 2 NO
- DK/REF

CSD15c [IF CSD15b = NO] **Last week**, <IF PROXY = NO: were you><IF PROXY = YES: was <NAMEFILL>> **temporarily** absent from a job or business, for example, because of vacation, temporary illness, maternity leave, other family or personal reasons, or bad weather?

- 1 YES
- 2 NO
- DK/REF

CSD15d [IF CSD15b = YES] <IF PROXY = NO: Have you><IF PROXY = YES: Has <NAMEFILL>> been informed that <IF PROXY = NO: you><IF PROXY = YES: <PRSEX1>> will be recalled to work within the next 6 months or been given a date to return to work?

- 1 YES
- 2 NO
- DK/REF

CSD15e [IF CSD15c = NO | CSD15d = NO] During the **last 4 weeks**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> been **actively** looking for work?

- 1 YES
- 2 NO
- DK/REF

CSD15f

[IF CSD15d = YES | CSD15e = YES] **Last week**, could <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> have started a job if <IF PROXY = NO: you><IF PROXY = YES: <PRSEX1>> had been offered one, or returned to work if <IF PROXY = NO: you><IF PROXY = YES: <PRSEX1>> had been recalled? Would you say ...

- 1 Yes, <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> could have gone to work,
- 2 No, <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> could not have gone to work because of <IF PROXY = NO: your own><IF PROXY = YES: <PRSEX2>> temporary illness, or
- 3 No, <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> could not have gone to work for some other reason, such as, being in school or taking care of house or family

INTROFI1

[IF HH = YES & R7 = 1 OR GQU = YES] Next, we would like to know about <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>'s> **total** income from all sources **during the year [CURRENT YEAR - 1]** before taxes and other deductions.

[IF PR = YES | (SH | HL = YES & (CSD4 != 1/DK/REF & CSD5 != 1/DK/REF))] Next, we would like to know about <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>'s> **total** income from all sources **during the year [CURRENT YEAR - 1]** before taxes and other deductions.

[IF (HH = YES AND R7>1) | JA = YES] Next, we would like to know about the **total** income from everyone who lives <IF PROXY = NO & CFID3 = 3: here><IF PROXY = NO & CFID3 !=3: in your household><IF PROXY = YES: with <NAMEFILL>> from all sources **during the year [CURRENT -1]** before taxes and other deductions.

We would like you to combine everyone's income – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of anyone else living <IF PROXY = NO & CFID3 = 3: here><IF PROXY = NO & CFID3 != 3: in your household><IF PROXY = YES: there with <NAMEFILL>>.

[IF SH | HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF)] Next, we would like to know about the **total** income from everyone in <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> <IF SH = YES: household> <IF HL = YES: family living here with you> from all sources **during the year [CURRENT -1]** before taxes and other deductions.

<IF HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): We would like you to combine everyone's income – that is, yours and that of anyone in your family living here with you.>

<IF SH = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF)] We would like you to combine everyone's income – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of anyone who lives in <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s>

household.>

[IF F2F: HAND INCOME TYPE SHOWCARD TO RESPONDENT]

<IF CATI = YES & EMAIL1 != MISSING: When we invited you to this interview, we also sent you a link to a pdf containing a list with sources of income. If you could please open that link and the sources of income for the next question.><IF VIRTUAL: I am now sharing a list of sources of income with you on the screen. Should you be on a mobile phone, this may be hard to read, and you may instead want to open the link to the pdf sources of income that we sent to your email when we invited you to this interview.>

Please include all of the sources of income on this card.

INCOME TYPE SHOWCARD

- Social Security/Railroad Retirement payments – paid by the U.S. Government to people who are retired, severely disabled, or dependents or survivors of workers
- Supplemental Security Income, or SSI – a program administered by a government agency that makes assistance payments to people with low income who are aged, blind, or disabled
- Supplemental Nutrition Assistance Program, or SNAP – formerly known as food stamps, provides assistance for buying food; a special card is issued which can be used to buy food in grocery stores; SNAP does not include WIC or free or reduced school lunches
- Cash assistance from a state or county/borough welfare program, sometimes called Temporary Assistance for Needy Families, or TANF
- Any other type of welfare or public assistance
- 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

CSD16

Before taxes and other deductions, was <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>’s> **total** <IF ((HH & R7>1) | JA = YES) | (SH | HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): **combined family**> income during the year [CURRENT YEAR - 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

CSD17a

[IF CSD16 =LESS THAN \$20,000]

Of the following income groups, which category best represents <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> **total <IF ((HH & R7>1) | JA = YES) | (SH | HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): combined family>** income during [CURRENT YEAR – 1]

<IF (HH & R7 > 1) | JA = YES: – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> family and anyone else living <IF PROXY = NO & CFIID3 = 3: here><IF PROXY = NO & CFIID3 != 3: in your household><<IF PROXY = YES: there with <NAMEFILL>>

<IF HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): – that is, yours and that of anyone in your family living here with you>

<IF SH = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF)] – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> family and anyone else living in <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> household>?

Would you say ...

- 1 less than \$1,000
 - 2 \$1,000 - \$4,999
 - 3 \$5,000 - \$9,999
 - 4 \$10,000 - \$14,999
 - 5 \$15,000 - \$19,999
- DK/REF

CSD17b

[IF (CSD16=MORE THAN \$20,000)]

Of the following income groups, which category best represents <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> **total <IF ((HH & R7>1) | JA = YES) | (SH | HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): combined family>** income during [CURRENT YEAR – 1]

<IF (HH & R7 > 1) | JA = YES: – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> family and anyone else living <IF PROXY = NO & CFIID3 != 3: here>><IF PROXY = NO & CFIID3 != 3: in your household><IF PROXY = YES: there with <NAMEFILL>>

<IF HL = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF): – that is, yours and that of anyone in your family living here with you>

<IF SH = YES & (CSD4 = 1/DK/REF | CSD5 = 1/DK/REF)] – that is, <IF PROXY = NO: yours><IF PROXY = YES: <NAMEFILL>'s> and that of <IF PROXY = NO: your><IF PROXY = YES: <PRSEX2>> family and anyone else living in <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> household>?

Would you say ...

- 1 \$20,000 - \$29,999
 - 2 \$30,000 - \$39,999
 - 3 \$40,000 - \$49,999
 - 4 \$50,000 - \$74,999
 - 5 \$75,000 - \$99,999
 - 6 \$100,000 - \$149,999
 - 7 \$150,000 or more
- DK/REF

COV3

Now I have a few questions for you about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> experiences regarding the Coronavirus Disease 2019 pandemic, also referred to as COVID-19, in the U.S.

How often <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> had serious financial worries because of the COVID-19 pandemic?

- 1 All the time
 - 2 Nearly all the time
 - 3 Some of the time
 - 4 Rarely
 - 5 Never
- DK/REF

COV4

[IF PR = NO | (PR = YES & COL1c > 2019)]

<IF PROXY = NO: Were you><IF PROXY = YES: Was <NAMEFILL>> homeless, living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building at any time because of the COVID-19 pandemic?

- 1 YES
 - 2 NO
- DK/REF

SECTION 6: OVERLAP WITH (NON-)HH POPULATION

PROGRAMMER TIME STAMP SET: COVERLAP

[IF PR = YES | (HL OR SH = YES & LENGTH OF STAY < 12 MONTHS/DK/REF)] The next few questions are about <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> stay at this facility and other places.

COL3 [IF PR = YES] During the 12 months before your incarceration, did you live in <COUNTY> in <STATE> **for most of the time?**

- 1 YES
- 2 NO
- DK/REF

COL4 [IF PR = YES & COL3 = NO] During the 12 months before your current incarceration, in which state did <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>> live in for **most of the time?**

_____ [STATE]
DK/REF

INTERVIEWER NOTE: IF RESPONDENT WAS OUT OF THE COUNTRY, ENTER "NU" AS THE STATE.

PROGRAMMER: ALLOW FOR OUT OF COUNTRY CODE AND D.C.

COL5 [IF PR = YES & COL3 = NO & COL4 != OUTSIDE OF US | DK | REF] And what county was that in?

_____ [COUNTY]
DK/REF

COL6 [IF PR = YES & LENGTH OF STAY < 12 MONTHS/DK/REF] Other than <IF PROXY = NO: your>><IF PROXY = YES: <NAMEFILL>'s> current incarceration, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **prison** during the **past 12 months?**

- 1 YES
- 2 NO
- DK/REF

[IF SH = YES & LENGTH OF STAY < 12 MONTHS/DK/REF] State psychiatric hospitals, like this facility, are public psychiatric hospitals operated by a state for treatment of serious mental disorders, such as major depressive disorder, schizophrenia and bipolar disorder. Other than <IF PROXY = NO: your><IF PROXY = YES: <NAMEFILL>'s> current stay in this facility, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **state psychiatric hospital** during the **past 12 months?**

- 1 YES
- 2 NO
- DK/REF

[IF HL = YES] Not counting living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building, other than your current stay in this facility, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **homeless shelter** during the **past 12 months**?

- 1 YES
- 2 NO
- DK/REF

COL7 [IF ((PR | SH = YES) & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HL = YES] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> lived **in a house, an apartment, or a mobile home, even if just for a short period of time**?

- 1 YES
- 2 NO
- DK/REF

COL8 [IF COL7 = YES] During the **past 12 months**, how much time <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a house, an apartment, or a mobile home**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

- 1 NIGHTS
- 2 WEEKS
- 3 MONTHS
- DK/REF

COL8N [IF COL8 = 1 OR DK/REF] During the past 12 months, how many nights <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.

_____NIGHT(S) [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

COL8W [IF COL8 = 2] During the past 12 months, how many weeks <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.

_____WEEK(S) [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

COL8M [IF COL8 = 3] During the past 12 months, how many months <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a house, an apartment, or a mobile home**? Again, if you are not sure, just make your best guess.

_____MONTH(S) [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

COL9 [IF ((PR | SH = YES) & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HL = YES] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **jail**? Please do **not** count any time spent in prison.

1 YES
2 NO
DK/REF

COL10 [IF COL9 = YES] During the past 12 months, how much time <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a jail**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 NIGHTS
2 WEEKS
3 MONTHS
DK/REF

COL10N [IF COL10 = 1 OR DK/REF] During the past 12 months, how many nights <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a jail**? Again, if you are not sure, just make your best guess.

_____NIGHT(S) [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

COL10W [IF COL10 = 2] During the past 12 months, how many weeks <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a jail**? Again, if you are not sure, just make your best guess.

_____WEEK(S) [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

COL10M [IF COL10 = 3] During the past 12 months, how many months <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a jail**? Again, if you are not sure, just make your best guess.

_____MONTH(S) [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

COL11 [IF (SH = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HL = YES] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **prison**?

1 YES
2 NO
DK/REF

COL12 [IF COL11 = YES | (PR = YES & COL6 = YES/DK/REF)] During the **past 12 months**, how much time <IF PR = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a prison**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

1 NIGHTS
2 WEEKS
3 MONTHS
DK/REF

COL12N [IF COL12 = 1 OR DK/REF] During the past 12 months, how many nights <IF PR = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a prison**? Again, if you are not sure, just make your best guess.

_____NIGHT(S) [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

COL12W [IF COL12 = 2] During the past 12 months, how many weeks <IF PR = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a prison**? Again, if you are not sure, just make your best guess.

_____WEEK(S) [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

COL12M [IF COL12 = 3] During the past 12 months, how many months <IF PR = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a prison**? Again, if you are not sure, just make your best guess.

_____MONTH(S) [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

COL13 [IF (PR = YES & LENGTH OF STAY < 12 MONTHS/DK/REF) OR HL = YES] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **psychiatric hospital**?

1 YES
2 NO
DK/REF

COL13a [IF COL13=YES] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **state psychiatric hospital**? State psychiatric hospitals are public psychiatric hospitals operated by a state for treatment of serious mental disorders.

1 YES
2 NO
DK/REF

COL14 [IF COL13a = YES | (SH = YES & COL6 = YES/DK/REF)] During the **past 12 months**, how much time < IF SH = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a state psychiatric hospital**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

- 1 NIGHTS
 - 2 WEEKS
 - 3 MONTHS
- DK/REF

COL14N [IF COL14 = 1 OR DK/REF] During the past 12 months, how many nights <IF SH = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>>spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.

_____NIGHT(S) [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

COL14W [IF COL14 = 2] During the past 12 months, how many weeks <IF SH = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>>spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.

_____WEEK(S) [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

COL14M [IF COL14 = 3] During the past 12 months, how many months <IF SH = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>>spent **in a state psychiatric hospital**? Again, if you are not sure, just make your best guess.

_____MONTH(S) [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

COL15 [IF (PR | SH = YES) & LENGTH OF STAY < 12 MONTHS/DK/REF] During the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> **been homeless, even if just for a short period of time?**

- 1 YES
- 2 NO
- DK/REF

COL15a [IF COL15 = YES] The next question is about shelters that provide a place for people who are homeless to stay. These shelters may also serve meals. Not counting living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building, during the **past 12 months**, <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> stayed overnight or longer in a **homeless shelter**?

- 1 YES
- 2 NO
- DK/REF

COL16 [IF COL15a = YES | (HL = YES & COL6 = YES/DK/REF)] During the **past 12 months**, how much time <FILL IF HL = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a homeless shelter**? If you are not sure, just make your best guess.

Would it be easiest for you to give your answer in number of nights, weeks, or months?

- 1 NIGHTS
- 2 WEEKS
- 3 MONTHS
- DK/REF

COL16N [IF COL16 = 1 OR DK/REF] During the past 12 months, how many nights <IF HL = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a homeless shelter**? Again, if you are not sure, just make your best guess.

_____ NIGHT(S) [RANGE 1-366]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 366.

COL16W [IF COL16 = 2] During the past 12 months, how many weeks <IF HL = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a homeless shelter**? Again, if you are not sure, just make your best guess.

_____ WEEK(S) [RANGE 1-52]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 52.

COL16M

[IF COL16 = 3] During the past 12 months, how many months <IF HL = YES & COL6 = YES/DK/REF: **altogether**> <IF PROXY = NO: have you><IF PROXY = YES: has <NAMEFILL>> spent **in a homeless shelter**? Again, if you are not sure, just make your best guess.

_____MONTH(S) [RANGE 1-12]
DK/REF

PROGRAMMER IF OUTSIDE OF RANGE PLEASE DISPLAY THE FOLLOWING ERROR MESSAGE AND LEAD BACK TO QUESTION: Your entry is out of range. Please enter a number between 1 and 12.

SECTION 7: CONCLUSION

PROGRAMMER TIME STAMP SET: CONCLUSION

C8 [IF SH = YES & PROXY = NO] We also hope to learn if health records can help us better understand the information you have already provided. With your consent we would like to get a copy of your health records from this hospital – either the records from when you are discharged or the records as of September 30 of this year, whichever comes first.

We will only use this information to produce statistics. Your information will be combined with the information from all other people in the study. If you agree, I will ask you to sign a records release form for this hospital.

Will you allow us to access your health records?

- 1 YES
- 2 NO

IF YES: PROMPT INTERVIEWER TO OBTAIN SIGNATURE ON THE HOSPITAL RELEASE FORM

C9 <IF SCREENER = YES & EMAIL1 != MISSING: When we last heard from <IF PROXY = NO: you><IF PROXY = YES: <NAMEFILL>>, <IF PROXY = NO: you><IF PROXY = YES: <PRSEX1>> indicated that <EMAIL1> is a good e-mail address for us to contact <IF PROXY = NO: you><IF PROXY = YES: <PRSEX3>>. Is that still the case?>

- 1 CORRECT
 - 2 INCORRECT
- DK/REF

C9a <IF C9 = YES> Is there an additional e-mail address that <IF PROXY = NO: you have ><IF PROXY = YES: <NAMEFILL> has> should we need to contact <IF PROXY = NO: you><IF PROXY = YES: <PRSEX3>> again?>
<IF SCREENER = NO OR C9 = NO OR (SCREENER = YES & EMAIL1 = MISSING): What is an e-mail address <IF PROXY = NO: you are><IF PROXY = YES: <NAMEFILL> is> likely to have should we need to contact <IF PROXY = NO: you ><IF PROXY = YES: <PRSEX3>> again?> If <IF PROXY = NO: you have><IF PROXY = YES: <NAMEFILL> has> more than one e-mail address, please provide those as well.

EMAIL ADDRESS 1:
OPEN ENDED RESPONSE OPTION

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

EMAIL ADDRESS 2:
OPEN ENDED RESPONSE OPTION

EMAIL ADDRESS 3:
OPEN ENDED RESPONSE OPTION

EMAIL ADDRESS 4:
OPEN ENDED RESPONSE OPTION
DK/REF

PROGRAMMER: PLEASE ADD CHECK BOX "I have no additional e-mail address." IF C9 = YES.

C10 [IF PROXY = YES | SECONDARY = YES] Could we also have your e-mail address should we need to reach out again? If you have more than one e-mail address, please provide those as well.

EMAIL ADDRESS 1:
OPEN ENDED RESPONSE OPTION

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

EMAIL ADDRESS 2:
OPEN ENDED RESPONSE OPTION

EMAIL ADDRESS 3:
OPEN ENDED RESPONSE OPTION

EMAIL ADDRESS 4:
OPEN ENDED RESPONSE OPTION
DK/REF

C21 [IF PROXY = NO & SECONDARY = NO] It is possible that in the future we will invite individuals who participated in this study to take part in another study. Would you be willing to be contacted about such a study?

HELPTXT: THERE IS CURRENTLY NO CERTAINTY THAT A FUTURE STUDY WILL TAKE PLACE. IF A RESPONDENT AGREES TO BE CONTACTED, THEY WILL HAVE AN OPPORTUNITY TO DECIDE WHETHER THEY WANT TO PARTICIPATE IN THE FUTURE STUDY ONCE THE DETAILS OF THE STUDY ARE SHARED WITH THEM.

1 YES
2 NO
DK/REF

C11a [IF PROXY = NO & SECONDARY = NO & HH | JA | SH = YES] INTERVIEWER DO NOT READ:

IN YOUR CLINICAL OPINION, DO YOU NEED MORE INFORMATION TO:

1. MAKE A DIAGNOSIS OF SCHIZOPHRENIA/SCHIZOAFFECTIVE DISORDER (I.E. 2 OUT OF 5 'A' SYMPTOMS LASTING AT LEAST 1 MONTH AND DURATION OF AT LEAST 6 MONTHS), **OR**

2. TO DIFFERENTIATE THE PATTERN OF MOOD EPISODES CHARACTERISTIC OF MAJOR DEPRESSIVE DISORDER OR BIPOLAR DISORDER WITH PSYCHOTIC FEATURES VS. SCHIZOPHRENIA/SCHIZOAFFECTIVE DISORDER?

- 1 YES
- 2 NO

C11b [IF C11a = YES] Sometimes we find that it would be helpful to talk with someone else who knows you well in addition to interviewing you. Ideally this would be a spouse or partner, adult child, or parent with whom you have regular contact. <IF SH = YES: This could also be a doctor, social worker, or caseworker.>

Is there a <IF SH = NO: family member or close friend> <IF SH = YES: family member, close friend, or someone else> that we could talk with?

- 1 YES
- 2 NO
- DK/REF

C11c [IF C11b = YES] Who do you recommend we talk with about your health?

FIRST NAME: _____

LAST NAME: _____

OPEN-ENDED RESPONSE OPTION

PROGRAMMER: PLEASE GENERATE NAMEFILL2 FROM FIRST NAME; IF MISSING PLEASE GENERATE 'that person' AS A NAMEFILL

C12 [IF C11b = YES] And what is your relationship to <NAMEFILL2>?

<input type="checkbox"/> HUSBAND/WIFE/SPOUSE	<input type="checkbox"/> PARENT-IN-LAW
<input type="checkbox"/> UNMARRIED PARTNER	<input type="checkbox"/> SON-IN-LAW OR DAUGHTER-IN-LAW
<input type="checkbox"/> SON OR DAUGHTER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> OTHER RELATIVE
<input type="checkbox"/> BROTHER OR SISTER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> ROOMMATE OR HOUSEMATE
<input type="checkbox"/> FATHER OR MOTHER (INCL. ADOPTIVE OR STEP)	<input type="checkbox"/> OTHER NONRELATIVE, SUCH AS A MEDICAL OR HEALTH CARE PROVIDER
<input type="checkbox"/> GRANDCHILD	

DK/REF

C12a [IF C11b = YES] Do you and <NAMEFILL2> usually live at the same address?

- 1 YES
- 2 NO
- DK/REF

C13 [IF C11b = YES] I will also need <NAMEFILL2>'s phone number, and email address if possible.

PHONE NUMBER:
OPEN-ENDED RESPONSE OPTION WITH FAINT PLACEHOLDER TEXT (XXX) XXX-XXXX TO
PROMPT USERS TO ENTER FULL PHONE NUMBER INCLUDING AREA CODE

EMAIL ADDRESS:
OPEN-ENDED RESPONSE OPTION
DK/REF

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

Thank you for that information. <IF (C11 FIRST OR LAST NAME != MISSING & C12a = YES) | (C11 FIRST OR LAST NAME != DK/REF & C12a = NO | DK | REF & C13 PHONE OR EMAIL ADDRESS != DK/REF): If you could reach out to <NAMEFILL> to let them know we will be contacting them I would greatly appreciate it.>

C14 [IF PR = NO] Before we conclude our interview, I would like to know whether you would have preferred to conduct this interview <IF VIRTUAL = YES: over the phone, in-person><IF CATI = YES: virtually, in-person><IF F2F = YES: over the phone, virtually >, or whether you were comfortable being interviewed < IF VIRTUAL = YES: virtually><IF CATI = YES: over the phone><IF F2F = YES: in-person>?

- 1 <IF VIRTUAL | F2F = YES: PREFERRED><IF CATI = YES: COMFORTABLE WITH> TELEPHONE INTERVIEW
- 2 <IF VIRTUAL | CATI = YES: PREFERRED><IF F2F = YES: COMFORTABLE WITH> IN-PERSON INTERVIEW
- 3 <IF F2F | CATI = YES: PREFERRED><IF VIRTUAL = YES: COMFORTABLE WITH> VIRTUAL INTERVIEW
DK/REF

C15 [IF VIRTUAL = YES] And on a scale from 1 to 5, where 1 is very comfortable and 5 is very uncomfortable, overall, how comfortable were you using the ZOOM virtual interviewing software?

- 1 VERY COMFORTABLE
- 2 COMFORTABLE
- 3 NEITHER COMFORTABLE NOR UNCOMFORTABLE
- 4 UNCOMFORTABLE
- 5 VERY UNCOMFORTABLE
DK/REF

C16 **INTERVIEWER: IF YOU ARE CURRENTLY RECORDING THIS INTERVIEW, PLEASE STOP THE RECORDING BEFORE YOU LEAVE THIS SCREEN.**

Do you have any feedback you would like to share regarding this interview?

_____ (Allow 500 characters)
PROGRAMMER CHECKBOX: NO FEEDBACK

C17a

[IF (PROXY = YES | SECONDARY = YES) & CFID3 = 1 | 2 | 3] <IF CKNOWLEDGEPASS = 0: I'm sorry, at least one of your responses is incorrect. Thank you for your willingness to participate but we cannot interview you unless you fully understand your rights as a NSMH respondent.>

This concludes our interview, thank you for your time. To show our appreciation for completing this interview today, we would like to send you <PROXY = YES: PROXYINC><SECONDARY = YES: SIINC>, by either electronic pre-paid Visa or check <IF CFID3 = 3: or, if you prefer, I can give you the incentive payment in cash right now>.

You should allow 1 to 2 weeks to receive the electronic pre-paid Visa and about 4 weeks to receive the check.

<IF CFID3 = 1 | 2: How would you like to receive your incentive payment, electronic-prepaid Visa, or check? ><IF CFID3 = 3: How would you like to receive your incentive payment, electronic-prepaid Visa, check or in cash?>

- 1 ELECTRONIC PRE-PAID VISA. PLEASE ALLOW 1 TO 2 WEEKS FOR PROCESSING.
- 2 CHECK. PLEASE ALLOW UP TO 4 WEEKS FOR PROCESSING AND DELIVERY.
- 4 <IF CFID3 = 3: IN CASH.>

- 3 NO, THANKS. DECLINE THE INCENTIVE.
DK/REF

HELPTXT: The electronic pre-paid Visa card can be used for online shopping only.

[IF HH | JA = YES & PROXY = NO & SECONDARY = NO & CIINCENTIVE = NO & CFID3 = 1 | 2 | 3] This concludes our interview, thank you for your time. To show our appreciation for completing this interview today, we would like to send you <CLINICALINC>, by either electronic pre-paid Visa or check <IF CFID3 = 3: or, if you prefer, I can give you the incentive payment in cash right now>.

You should allow 1 to 2 weeks to receive the electronic pre-paid visa and about 4 weeks to receive the check.

<IF CFID3 = 1 | 2: How would you like to receive your incentive payment, electronic-prepaid visa or check? ><IF CFID3 = 3: How would you like to receive your incentive payment, electronic-prepaid Visa, check or in cash?>

- 1 ELECTRONIC PRE-PAID VISA. PLEASE ALLOW 1 TO 2 WEEKS FOR PROCESSING.
- 2 CHECK. PLEASE ALLOW UP TO 4 WEEKS FOR PROCESSING AND DELIVERY.
- 4 <IF CFID3 = 3: IN CASH.>

- 3 NO, THANKS. DECLINE THE INCENTIVE.
DK/REF

HELPTXT: The electronic pre-paid Visa card can be used for online shopping only.

C17b1 [IF (CFIID3 = 1 | 2 | 3) & C17a = 1 & ((C9 = NO & C9a = BLANK | DK/REF) | (C9 = DK/REF) | (C10 = BLANK | DK/REF))] Please provide your email address to receive the electronic pre-paid Visa.

_____ [OPEN-ENDED, FORMAT CHECK FOR VALID EMAIL ADDRESS]

DK/REF

PROGRAMMER: PLEASE CONFIRM EMAIL ADDRESS

PROGRAMMER NOTE: IF C17b1 = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

C17b2 [IF (CFIID3 = 1 | 2 | 3) & C17a = 1 & (C9 = YES | (C9a EMAIL != BLANK) | (C10 != BLANK))] We will send your electronic pre-paid Visa to the email address <IF EMAIL1 = MISSING: you provided earlier><IF EMAIL1 != MISSING: you confirmed earlier>.

C17c [IF (CFIID3 = 1 | 2 | 3) & C17a = 2] Please provide your first and last name to receive your check.

FIRST NAME:

OPEN-ENDED RESPONSE OPTION

LAST NAME:

OPEN-ENDED RESPONSE OPTION

DK/REF

PROGRAMMER NOTE: IF C17c = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

C17d [IF (CFIID3 = 1 | 2 | 3) & C17a = 2 & ADDRESS FILL != .] Would you like us to mail your check to [ADDRESS FILL] or to another address?

1 YES, MAIL TO [ADDRESS FILL]

2 NO, MAIL TO ANOTHER ADDRESS

DK/REF

C17e [IF C17d = 2 | DK/REF | ADDRESS FILL = MISSING] What address do you want us to mail the check to?

STREET: (NUMBER AND STREET NAME)

CITY: (CITY)

STATE: (STATE)

ZIP: (ZIP)

DK/REF

PROGRAMMER NOTE: IF C17e = BLANK/DK/REF, SHOW ERROR MESSAGE: THIS INFORMATION IS IMPORTANT SO WE CAN SEND YOU YOUR INCENTIVE. PLEASE TRY TO ANSWER IF YOU CAN.

C17

[IF LAR = YES & PROXY = NO] This concludes our interview, thank you for your time.

[IF PR = YES] This concludes our interview, thank you for your time.

INTERVIEWER: PLEASE COLLECT FIRST AND LAST NAME OF THE RESPONDENT

FIRST NAME:
OPEN-ENDED RESPONSE OPTION

LAST NAME:
OPEN-ENDED RESPONSE OPTION
DK/REF

<PRINC> AND THEN SELECT IF INCENTIVES ARE ALLOWED FOR THIS RESPONDENT

- 1 INCENTIVES ALLOWED
- 2 INCENTIVES NOT ALLOWED

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE NONELECTRONIC PAYMENTS PLEASE PROCEED HERE: IF YOU HAVEN'T ALREADY DONE SO, PLEASE HAND RESPONDENT INCENTIVE OR TELL THE RESPONDENT THAT THE FACILITY WILL HAND OUT THE INCENTIVE (<PRINC>).

- 1 INCENTIVE ACCEPTED / WILL ACCEPT INCENTIVE
- 2 INCENTIVE REFUSED

I HAVE CHECKED A BOX TO INDICATE THAT YOU <FILL: ACCEPTED / WILL ACCEPT; REFUSED> THE INCENTIVE FOR COMPLETING THIS INTERVIEW.

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE ELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE COLLECT NECESSARY INFORMATION TO MAKE INCENTIVE PAYMENTS, E.G., TO COMMISSARY OR JPAY. PLEASE DOUBLE-KEY ALL PAYMENT-RELATED INFORMATION.

_____ (Allow 500 characters)

Thank you for your participation.

[IF SH = YES & PROXY = NO & SECONDARY = NO] This concludes our interview, thank you for your time.

INTERVIEWER: PLEASE REENTER/COLLECT FIRST AND LAST NAME OF THE RESPONDENT

FIRST NAME:
OPEN-ENDED RESPONSE OPTION

LAST NAME:
OPEN-ENDED RESPONSE OPTION
DK/REF

<SHINC> AND THEN SELECT IF INCENTIVES ARE ALLOWED FOR THIS RESPONDENT

- 1 INCENTIVES ALLOWED
- 2 INCENTIVES NOT ALLOWED

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE NONELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE HAND RESPONDENT INCENTIVE OR TELL THE RESPONDENT THAT THE FACILITY WILL HAND OUT THE INCENTIVE (<SHINC>).

- 1 INCENTIVE ACCEPTED / WILL ACCEPT INCENTIVE
- 2 INCENTIVE REFUSED

I HAVE CHECKED A BOX TO INDICATE THAT YOU <FILL: ACCEPTED / WILL ACCEPT; REFUSED> THE INCENTIVE FOR COMPLETING THIS INTERVIEW.

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE ELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE COLLECT NECESSARY INFORMATION TO MAKE INCENTIVE PAYMENT, E.G., INTO PATIENT ACCOUNT. PLEASE DOUBLE-KEY ALL PAYMENT-RELATED INFORMATION.

_____ (Allow 500 characters)

Thank you for your participation.

[IF HL = YES] This concludes our interview, thank you for your time.

INTERVIEWER: PLEASE COLLECT FIRST AND LAST NAME OF THE RESPONDENT

FIRST NAME:
OPEN-ENDED RESPONSE OPTION

LAST NAME:
OPEN-ENDED RESPONSE OPTION
DK/REF

<HLINC> AND THEN SELECT IF INCENTIVES ARE ALLOWED FOR THIS RESPONDENT

- 1 INCENTIVES ALLOWED
- 2 INCENTIVES NOT ALLOWED

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE NONELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE HAND RESPONDENT INCENTIVE OR TELL THE RESPONDENT THAT THE FACILITY WILL HAND OUT THE INCENTIVE (<HLINC>).

- 1 INCENTIVE ACCEPTED / WILL ACCEPT INCENTIVE
- 2 INCENTIVE REFUSED

I HAVE CHECKED A BOX TO INDICATE THAT YOU <FILL: ACCEPTED / WILL ACCEPT; REFUSED> THE INCENTIVE FOR COMPLETING THIS INTERVIEW.

INTERVIEWER IF INCENTIVES ARE ALLOWED AND ARE ELECTRONIC PAYMENTS PLEASE PROCEED HERE: PLEASE COLLECT NECESSARY INFORMATION TO MAKE INCENTIVE

PAYMENT, E.G., INTO ACCOUNT. PLEASE DOUBLE-KEY ALL PAYMENT-RELATED INFORMATION.

_____ (Allow 500 characters)

Thank you for your participation.

[IF (PROXY = YES | SECONDARY = YES) & CFIID3 = 3 & C17a = 4] This concludes our interview, thank you for your time. PLEASE HAND RESPONDENT <PROXY = YES: PROXYINC><SECONDARY = YES: SIINC> INCENTIVE.

1 INCENTIVE ACCEPTED

2 INCENTIVE REFUSED

I have checked a box to indicate that <FILL: you accepted/you refused> the <PROXY = YES: PROXYINC><SECONDARY = YES: SIINC> incentive for completing this interview. Thank you for your participation.

[IF (HH | JA | PROXY | SECONDARY = YES) & CFIID3 = 1 | 2 | 3 & C17a != 4] Again, thank you for your time and participation.

[HH = YES & PROXY = NO & SECONDARY = NO & CIINCENTIVE = YES] This concludes our interview. You likely already received your <CLINICALINC> for this main interview at the time you completed your screening survey and if not you will in the next few days via the payment method you provided in the screening survey. Again, thank you for your time and participation.

[IF HH = YES & PROXY = NO & SECONDARY = NO & CIINCENTIVE = NO & CFIID3 = 3 & C17a = 4] This concludes our interview, thank you for your time. PLEASE HAND RESPONDENT <CLINICALINC> INCENTIVE.

1 INCENTIVE ACCEPTED

2 INCENTIVE REFUSED

I have checked a box to indicate that <FILL: you accepted/you refused> the <CLINICALINC> incentive for completing this interview. Thank you for your participation.

[IF JA = YES & PROXY = NO & SECONDARY = NO & CFIID3 = 3 & C17a == 4] This concludes our interview, thank you for your time and participation. PLEASE HAND RESPONDENT <CLINICALINC> INCENTIVE.

1 INCENTIVE ACCEPTED

2 INCENTIVE REFUSED

I have checked a box to indicate that <FILL: you accepted/you refused> the <CLINICALINC> incentive for completing this interview. Thank you for your participation.

PROGRAMMER TIME STAMP SET: CEND

SECTION 7: INTERVIEWER DEBRIEFING QUESTIONS

PROGRAMMER TIME STAMP SET: CDEBRIEF

THESE QUESTIONS ARE FOR THE INTERVIEWER TO ANSWER. DO NOT READ TO THE R.

- CIDB0** Did the respondent complete the entire interview or is this an incomplete interview/breakoff?
1. RESPONDENT COMPLETE INTERVIEW
 2. INCOMPLETE INTERVIEW/BREAKOFF

[IF CIDB0 = 2 & INTERVIEW STATUS = COMPLETE] INTERVIEW IS COMPLETED BY RESPONDENT. PLEASE SELECT "Skip" TO CONFIRM YOUR ANSWER.

PROGRAMMER: GO TO CIDBBR1 IF CIDB0 = INCOMPLETE INTERVIEW/BREAKOFF ELSE CONTINUE

- GAF1** [IF SECONDARY = NO] Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

_____ [RANGE]

NOTE: USE INTERMEDIATE CODES WHEN APPROPRIATE, E.G., 45, 68, 72.

100-91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90-81	Absent of minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80-71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
70-61	Some mild symptoms (e.g., depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60-51	Moderate symptoms (e.g., flat and circumstantial speech, occasional panic attacks) or moderate difficulty in social occupational, or social functioning (e.g., few friends, conflicts with co-workers).
50-41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40-31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work, child frequently beats up younger children, is defiant at home, and is failing at school).

30-21	Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).
20-11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) or occasionally fails to maintain minimal personal hygiene (e.g., smears feces) or gross impairment in communication (e.g., largely incoherent or mute).
10-1	Persistent danger of severely hurting self or others (e.g., recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

- CIDB1** How did the respondent complete **most of** the clinical interview?
1. THE RESPONDENT COMPLETED THE INTERVIEW ON THE PHONE (ZOOM AUDIO)
 2. THE RESPONDENT COMPLETED THE INTERVIEW VIRTUALLY
 3. THE RESPONDENT COMPLETED THE INTERVIEW IN-PERSON

- CIDB1a** [IF CIDB1 = 2] Did the respondent have any technical difficulties using ZOOM?
1. YES
 2. NO

- CIDB1b** [IF CIDB1 = 2] Did the respondent at any time get disconnected from the virtual interview?
1. YES
 2. NO

- CIDB2** [IF CIDB1 = 1 | 2] Were you able to clearly hear what the respondent was saying and was the respondent able to hear you for most of the interview?
1. YES
 2. NO

- CIDB3** [IF CIDB1 = 2] Did the respondent have their camera on ...
1. FOR THE ENTIRE INTERVIEW
 2. FOR PART OF THE INTERVIEW
 3. NOT AT ALL

- CIDB4a** [IF CIDB1 = 2 & CIDB3 != 3] On a scale of 1 to 5, where 1 is extremely poor visual quality and 5 is extremely good visual quality, how would you rate the overall visual quality of the interview?
- _____ [RANGE 1-5]

- CIDB4b** [IF CIDB1 = 2 & CIDB3 != 3] How well were you able to observe the respondent during the interview? Were you able to clearly observe the respondent's ...
- Check all that apply.*
1. ENTIRE UPPER BODY DURING THE ENTIRE INTERVIEW
 2. ENTIRE UPPER BODY DURING PARTS OF THE INTERVIEW
 3. FACE ONLY DURING THE ENTIRE INTERVIEW
 4. FACE ONLY DURING PARTS OF THE INTERVIEW, OR

5. OTHER (SPECIFY: _____)

CIDB4c [(((CIDB1 = 2 & CIDB3 != 3) | CIDB1 = 3) & (PROXY | SECONDARY = NO))] How helpful, if at all, was it to be able to see the respondent's behavior or facial expressions to make a diagnosis?

1. EXTREMELY HELPFUL
2. VERY HELPFUL
3. SOMEWHAT HELPFUL
4. NOT SO HELPFUL
5. NOT AT ALL HELPFUL

PROGRAMMER: INCLUDE CHECKBOX "I DID NOT USE VISUAL OBSERVATIONS TO MAKE A DIAGNOSIS"

CIDB5 [IF (CIDB1 = 2 | 3) & (HH | JA | PO = YES)] <IF CIDB1 = 3: Did you conduct this interview at the respondent's home, either inside or outside><IF CIDB1 = 2: Was the respondent in their home, either inside or outside during the interview?>

1. YES
2. NO

CIDB6 [IF (CIDB5 = NO) | (HL | SH | PR = YES)] <IF CIDB1 = 2: Where was the respondent during the interview?><IF CIDB1 = 3: Where did you conduct the interview?>

1. <IF HH | JA = YES: AT THE RESPONDENT'S WORKPLACE>
2. <IF HH | JA = YES: AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND>
3. <IF HH | JA = YES: IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX>
4. <IF HH | JA = YES: AT A LIBRARY>
5. <IF HH | JA == YES: IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM>
6. <IF PR | SH | HL = YES: IN AN OFFICE>
7. <IF PR | SH | HL = YES: AT THE CELL OR HOUSING UNIT>
8. <IF PR | SH | HL = YES: IN SOME TYPE OF COMMON AREA, SUCH AS A VISITATION ROOM, A CONFERENCE ROOM, A CLASSROOM, A GYM, OR A CAFETERIA>
9. <IF PR | SH | HL = YES: SOMEWHERE OUTSIDE>
10. <IF HL = YES: AT A NEARBY SOCIAL SERVICE AGENCY>
11. SOME OTHER PLACE (SPECIFY: _____)

CIDB7 [IF CIDB1 = 2 | 3] Please indicate how private the interview was. If a secondary informant was present during the interview, please count them as other people in the <IF HH | JA = YES: room><IF PR | SH | HL = YES: interview>. Do not count yourself or a project observer as another person (in the <IF HH | JA = YES: room><IF PR | SH | HL = YES: interview>).

1. COMPLETELY PRIVATE – NO ONE WAS IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> OR LISTENING
2. MOSTLY PRIVATE – PERSON(S) IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> OR LISTENING LESS THAN HALF OF THE TIME
3. SOMEWHAT PRIVATE – PERSON(S) IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> OR LISTENING ABOUT HALF OF THE TIME
4. NOT VERY PRIVATE – PERSON(S) IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> OR LISTENING MORE THAN HALF THE TIME

5. NOT AT ALL PRIVATE – CONSTANT PRESENCE OF OTHER PERSON(S) IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> OR LISTENING

CIDB7a [IF CIDB7 != 1] Not including yourself or project observers, who were the people present or listening to the interview?

Check all that apply.

1. SECONDARY INFORMANT
2. <IF PROXY = YES: THE ORIGINALLY SAMPLED RESPONDENT (<NAMEFILL>)>
3. OTHER PEOPLE

CIDB8 [IF CIDB7 != 1 & CIDB7A = 3] Not including <IF CIDB7a = 3 only: yourself or project observers><IF CIDB7a = 1 | 2: yourself, project observers, the originally sampled respondent or the secondary informant>, who were the other people present or listening to the interview?

Check all that apply.

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)
5. <IF HH | JA = YES: OTHER ADULT(S) **NONRELATIVE**><IF SH | HL = YES: OTHER FACILITY RESIDENTS><IF PR = YES: OTHER INMATES>
6. <IF PR | SH | HL = YES: FACILITY STAFF>
7. CHILD(REN) UNDER 18
8. OTHER

CIDB8a [IF CIDB7 != 1] In what ways did the other people's presence influence the interview?

Check all that apply.

1. PERSON(S) CAME INTO THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> AND YOU PAUSED THE INTERVIEW UNTIL THEY LEFT
2. PERSON(S) CAME INTO THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW>, YOU OR R ANSWERED THEIR QUESTION OR EXPLAINED THAT PRIVACY WAS NEEDED, AND THEY LEFT
3. PERSON(S) STAYED IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> BUT DID NOT PARTICIPATE IN INTERVIEW
4. PERSON(S) STAYED IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> AND HELPED R WITH ANSWERS RELEVANT TO THE DIAGNOSES
5. PERSONS(S) STAYED IN THE <IF HH | JA = YES: ROOM><IF PR | SH | HL = YES: INTERVIEW> AND HELPED R WITH ANSWERS NOT RELEVANT TO THE DIAGNOSES
6. PERSON(S) STAYED BUT WAS TOO YOUNG TO UNDERSTAND THE INTERVIEW
7. OTHER (SPECIFY: _____)

CIDB9 During the interview, was the atmosphere at the <IF CIDB1 = 1 | 2: respondent's> interview site:

1. EXTREMELY CHAOTIC AND NOISY; DISRUPTIVE TO INTERVIEW
2. SOME NOISE OR INTERRUPTIONS BUT INTERVIEW WENT REASONABLY SMOOTHLY
3. VERY QUIET AND CALM, IDEAL FOR INTERVIEW

CIDB10

What types of distractions or interruptions were present during the interview?

Check all that apply.

- TELEVISION ON DURING INTERVIEW BUT R NOT WATCHING
- TELEVISION ON DURING INTERVIEW WITH R WATCHING AT LEAST SOME OF THE TIME
- R RECEIVED 1 OR 2 PHONE CALLS
- R RECEIVED 3 OR MORE PHONE CALLS
- CHILDREN PRESENT NEEDED ATTENTION
- OTHER (SPECIFY: _____)
- NO DISTRACTIONS OR INTERRUPTIONS PRESENT

CIDB11

How attentive was the respondent to the questions during the interview?

1. NOT AT ALL ATTENTIVE
2. SOMEWHAT ATTENTIVE
3. VERY ATTENTIVE

CIDB11a

[IF SECONDARY & PROXY = NO & CIDB1 = 2 | 3] Did the respondent reference any recall aids such as records, diaries, or medication lists during the interview?

1. YES
2. NO

CIDB11b

[IF SECONDARY = YES] And how confident was the secondary informant about the answers they gave?

[IF PROXY = YES] And how confident was the proxy respondent about the answers they gave?

1. NOT AT ALL CONFIDENT
2. SOMEWHAT CONFIDENT
3. VERY CONFIDENT

CIDB12

Was the respondent upset during the interview?

1. YES, UPSET BECAUSE OF INTERVIEW CONTENT
2. YES UPSET, BUT NOT RELATED TO INTERVIEW CONTENT
3. NO, NOT UPSET

CIDB13

While completing the interview, did the respondent experience any of the following difficulties?

	Yes	No
a. LANGUAGE/TRANSLATION PROBLEMS		
b. READING OR VISION PROBLEMS		
c. COMPREHENSION PROBLEMS		
d. SUBSTANCE OF THE INTERVIEW (I.E., TOPICS WE WERE ASKING ABOUT)		
e. OTHER (SPECIFY: _____)		

CIDB14

Did the respondent make any comments about the interview being too long?

1. YES
2. NO

CIDB15a Did you administer the Short Blessed Test, also known as SBT, with this respondent?
 1. YES
 2. NO

CIDB15b [IF CIDB15a = YES] Did the respondent pass the Short Blessed Test?
 1. YES
 2. NO

CIDB16 Please note anything else you think would be helpful for the interpretation and understanding of this interview.
 _____ALLOW 250 CHARACTERS
 PROGRAMMER CHECKBOX: NO COMMENTS

PROGRAMMER TIME STAMP SET: CENDDB

C19n [IF C19 = 2] Interviewer, do you wish to enter the paper SCID data into the NetSCID now?
 1 YES, ENTER THE PAPER SCID DATA NOW
 2 NO, ENTER THE PAPER SCID DATA LATER. PLEASE RETURN HERE WHEN YOU ARE READY TO ENTER THE DATA

PROGRAMMER: IF C19n = 1 LAUNCH NETSCID; IF C19n = 2 CLOSE INTERVIEW AND SET STATUS CODE PENDING

C20n [IF C19n = 1] Just to confirm, did you finish entering the paper SCID data into the NetSCID instrument?
 1 YES, FINISHED ENTERING THE PAPER SCID
 2 NO, ONLY ENTERED A PARTIAL PAPER SCID AND WILL CONTINUE LATER

PROGRAMMER TIME STAMP SET: CBEGINDBBR

CIDBBR1 [IF BREAKOFF = YES] Please indicate if any of the following contributed to the interview termination.

	Yes	No
a. DISTRESSED RESPONDENT PROTOCOL INITIATED		
b. RESPONDENT NOTED THE INTERVIEW WAS TOO LONG AND DID NOT WISH TO CONTINUE		
c. RESPONDENT DID NOT HAVE TIME TO COMPLETE THE INTERVIEW BUT IS WILLING TO COMPLETE AT A LATER TIME		
d. RESPONDENT DOES NOT WISH TO CONTINUE THE INTERVIEW ALONE		
e. RESPONDENT WAS STRESSED ABOUT THE CONTENT OF THE INTERVIEW		

f. EQUIPMENT/ZOOM PROBLEM		
g. ABRUPT END, RESPONDENT DIDN'T GIVE A REASON		
h. RESPONDENT FAILED THE KNOWLEDGE QUIZ OR THE SBT		
i. OTHER (SPECIFY: _____)		

PROGRAMMER CHECKBOX: NA (INTERVIEW WAS COMPLETED)

PROGRAMMER: IF CIDBBR1 = NA GO TO CIDB1

CIDBBR2a [IF BREAKOFF = YES] Did you administer the Short Blessed Test, also known as SBT, with this respondent?

1. YES
2. NO

CIDBBR2b [IF BREAKOFF = YES & CIDBBR2a] Did the respondent pass the Short Blessed Test?

1. YES
2. NO

PROGRAMMER PLEASE GENERATE SBT FAIL Y/N

PROGRAMMER TIME STAMP SET: CENDDBBR

XXX **INTERVIEWER REMINDER: IMPLEMENT THE DISTRESSED RESPONDENT PROTOCOL FOR THIS INTERVIEW IF NECESSARY.**

INTERVIEWER: YOU HAVE REACHED THE END OF THE INTERVIEW. TOUCH THE SUBMIT BUTTON BELOW TO FINALIZE CASE AND RETURN TO THE CASE MANAGEMENT SYSTEM.

Showcard 1 – Medications

1 – Abilify	36 – Fanapt	71 – Prazosin
2 – Abilify Maintena	37 – Fetzima	72 – Pregabalin
3 – Alprazolam	38 – Fluoxetine	73 – Pristiq
4 – Amitriptyline	39 – Fluphenazine	74 – Prolixin
5 – Aripiprazole	40 – Gabapentin	75 – Propranolol
6 – Asenapine	41 – Geodon	76 – Prozac
7 – Ativan	42 – Haldol	77 – Quetiapine
8 – Brintellix Or Trintellix	43 – Haloperidol	78 – Remeron
9 – Budeprion	44 – Iloperidone	79 – Restoril
10 – Bupropion	45 – Inderal	80 – Risperdal
11 – Buspar	46 – Invega	81 – Risperidone
12 – Buspirone	47 – Invega Sustenna	82 – Saphris
13 – Carbamazepine	48 – Ketamine	83 – Seroquel
14 – Carbatrol	49 – Klonopin	84 – Sertraline
15 – Catapres	50 – Lamictal	85 – Spravato
16 – Celexa	51 – Lamotrigine	86 – Strattera
17 – Chlordiazepoxide	52 – Latuda	87 – Tegretol
18 – Chlorpromazine	53 – Levomilnacipran	88 – Temazepam
19 – Citalopram	54 – Lexapro	89 – Thorazine
20 – Clonazepam	55 – Librium	90 – Topamax
21 – Clonidine	56 – Lithium	91 – Topiramate
22 – Clozapine	57 – Lithobid	92 – Trazodone
23 – Clozaril	58 – Lorazepam	93 – Trileptal
24 – Cymbalta	59 – Lurasidone	94 – Valium
25 – Depakene	60 – Lyrica	95 – Valproic Acid
26 – Depakote	61 – Minipress	96 – Venlafaxine
27 – Desvenlafaxine	62 – Mirtazapine	97 – Viibryd
28 – Desyrel	63 – Modafinil	98 – Vilazodone
29 – Diazepam	64 – Neurontin	99 – Vortioxetine
30 – Divalproex	65 – Nuvigil	100 – Wellbutrin
31 – Duloxetine	66 – Olanzapine	101 – Xanax
32 – Effexor	67 – Oxcarbazepine	102 – Ziprasidone
33 – Elavil	68 – Paliperidone	103 – Zoloft
34 – Escitalopram	69 – Paroxetine	104 – Zyprexa
35 – Esketamine	70 – Paxil	

Showcard 2 – Income Type

- **Social Security/Railroad Retirement payments — paid by the U.S. Government to people who are retired, severely disabled, or dependents or survivors of workers**
- **Supplemental Security Income, or SSI — a program administered by a government agency that makes assistance payments to people with low income who are aged, blind, or disabled**
- **Supplemental Nutrition Assistance Program, or SNAP — formerly known as food stamps, provides assistance for buying food; a special card is issued which can be used to buy food in grocery stores; SNAP does not include WIC or free or reduced school lunches**
- **Cash assistance from a state or county/borough welfare program, sometimes called Temporary Assistance for Needy Families, or TANF**
- **Any other type of welfare or public assistance**
- **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**

SCID-5-NSMH

STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS

Modified for National Study of Mental Health 03-01-2021

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Patient: _____

Date of

Interview: _____

month

day

year

Clinician: _____

Note: The authors have worked to ensure that all information in this publication is accurate at the time of publication and consistent with general psychiatric and medical standards, and that information concerning drug dosages, schedules, and routes of administration is accurate at the time of publication and consistent with standards set by the U.S. Food and Drug Administration and the general medical community. As medical research and practice continue to advance, however, therapeutic standards may change. Moreover, specific situations may require a specific therapeutic response not included in this publication. For these reasons and because human and mechanical errors sometimes occur, we recommend that readers follow the advice of physicians directly involved in their care or the care of a member of their family.

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SCID-5-NSMH DIAGNOSTIC SUMMARY SCORE SHEET

Psychotic Disorders (past 12 months and prior to past 12 months)

Past 12 months (and possibly prior)	Likelihood of corona-virus causality (see page 69)	Not in past 12 months but prior to past 12 months	Disorder
<input type="checkbox"/>	_____	<input type="checkbox"/>	Schizophrenia or Schizoaffective Disorder with duration > 6 months (p.35/ C6)
<input type="checkbox"/>	_____	<input type="checkbox"/>	Schizophreniform or schizoaffective with duration < 6 months (p.35/ C8)

Mood Disorders (past 12 months)

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | _____ | Major Depressive Disorder (bipolar II not ruled out) (p. 36/ D13) |
| <input type="checkbox"/> | _____ | Bipolar I Disorder. Manic in past year) (p. 37/ D17) |
| <input type="checkbox"/> | _____ | Bipolar I Disorder, Depressed but no manic in past year (p.37/ D18) |

Substance Use Disorders (past 12 months)

Past 12 Months	Corona-virus causality (see page 69)	Disorder	
		Alcohol Use Disorder (p. 41/ E13)	
<input type="checkbox"/>		Mild	
<input type="checkbox"/>		Moderate	
<input type="checkbox"/>		Severe	
		Sedative, Hypnotic, or Anxiolytic Use Disorder (p. 48/ E36)	<i>Specific drug used:</i> _____
<input type="checkbox"/>		Mild	
<input type="checkbox"/>		Moderate	
<input type="checkbox"/>		Severe	
		Cannabis Use Disorder (p. 48/ E36)	<i>Specific drug used:</i> _____
<input type="checkbox"/>		Mild	
<input type="checkbox"/>		Moderate	
<input type="checkbox"/>		Severe	
		Stimulant Use Disorder (p. 48/ E36)	<i>Specific drug used:</i> _____
<input type="checkbox"/>		Mild	
<input type="checkbox"/>		Moderate	
<input type="checkbox"/>		Severe	
		Opioid Use Disorder (p.48/ E36)	<i>Specific drug used:</i> _____
<input type="checkbox"/>		Mild	
<input type="checkbox"/>		Moderate	
<input type="checkbox"/>		Severe	

Other Disorders

- | Past 12 months | Corona-virus causality | Disorder |
|--------------------------|------------------------|--|
| <input type="checkbox"/> | | Generalized Anxiety Disorder (past 12 months) (p. 53/ F55) |
| <input type="checkbox"/> | | Obsessive-Compulsive Disorder (past 12 months) (p. 55/ G7) |
| <input type="checkbox"/> | | Posttraumatic Stress Disorder (p. 66/ G41) |
| <input type="checkbox"/> | | Anorexia Nervosa (past 12 months) (p. 67/ H3) |

OVERVIEW

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along.
Do you have any questions before we begin?

<p>How old are you?</p>	
<p>Are you currently in a relationship with a partner?</p> <p><i>IF YES: What is the nature of that relationship, for example, are you married or living together? How long have you been (RELATIONSHIP STATUS)?</i></p> <p>Have you ever been separated/divorced or widowed?</p> <p><i>IF YES: How many times?</i></p> <p>Do you have any children?</p> <p><i>IF YES: How many? (What are their ages?)</i></p>	
<p>In what city, town, or community do you live?</p> <p>In what kind of place do you currently live? (A house, an apartment, a shelter, a halfway house, or some other living arrangement? Are you homeless?)</p>	
<p>What is your highest completed level of education?</p> <p>Did you ever <u>not</u> complete a degree or program? Why?</p>	
<p>I would like to now ask you about your cultural background or identity. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.</p> <p>For you, what are the most important aspects of your background or identity?</p>	
<p>In the past year, have you done work for which you were paid?</p> <p><i>IF YES: Tell me about that. What kind of jobs have you had?</i></p> <p><i>IF HAS NOT WORKED IN PAST YEAR OR HAS WORKED TOO FEW HOURS TO BE SELF-SUPPORTING: How have you supported yourself during the past year?</i></p>	

<p>In the past year, have you (also) been in school or enrolled in on-line classes? What kind of program was it?</p> <p>Have there been any times during the past year when you were on leave for illness or disability?</p> <p><i>IF YES: What was the illness/disability?</i></p> <p><i>IF UNCLEAR: Are you currently retired?</i></p>	
<p><i>IF UNKNOWN: During the past year, have there been any periods of time when you were unable to work or go to school?</i></p> <p><i>IF YES: Why was that?</i></p>	
<p>→ Have you ever been involved with the legal system (Have you ever been arrested??)</p>	

<p>Psychological Difficulties Past Year</p> <p>In the past year, have you seen a doctor, a therapist, or a counselor for any kind of psychological problem?</p> <p><i>IF YES: Tell me about it. (What was the reason for your seeking help?) (What kinds of symptoms [have you been/were you experiencing?] (When did these symptoms begin?) (Was anything going on in your life when they began?) (Since they began, when have you felt the worst?)</i></p> <p>What kind of help did you receive? (Counselling or psychotherapy?) (Medication—what kind?) (For how long have you been getting that help?)</p> <p>What about (also) getting help during the past year from outside the health system, like from a self-help group like Alcoholics Anonymous, or from a faith healer or pastoral counselor?</p>	
<p>→ <i>IF HAS SOUGHT HELP IN THE PAST YEAR: Besides [PROBLEMS ALREADY DISCUSSED], have you had any other problems that you considered getting help for but didn't?</i></p> <p>→ <i>IF HAS NOT SOUGHT HELP IN PAST YEAR: What about having a problem during the past year that you considered getting help for? Have other people mentioned that you ought to seek help for a psychological problem? Tell me about that.</i></p> <p>In the past year, have you gotten any help for problems with drugs or alcohol? Tell me about that.</p>	

<p>Most Stressful Situation/Event In Past Year</p> <p>Most people have experienced situations, other people, or events that they have found to be upsetting, challenging, or stressful.</p> <p>What has been the <u>most</u> challenging or stressful experience that you experienced in the past year? Tell me about that. How did it affect you?</p>	
<p>Hospitalization History</p> <p>Have you <u>ever</u> been hospitalized for psychological problems or a drug or alcohol problem?</p> <p><i>IF YES: What was that for?</i></p> <p>IF AN INADEQUATE ANSWER IS GIVEN, CHALLENGE GENTLY: e.g., Wasn't there something else? People don't usually go to psychiatric hospitals just because they are tired or nervous.</p> <p>Have you <u>ever</u> been hospitalized for treatment of a medical problem?</p> <p><i>IF YES: What was that for?</i></p>	

Suicidal Ideation and Behavior

CHECK FOR THOUGHTS: In the past year, since [ONE YEAR AOG], have you had any thoughts about taking your own life or just going to sleep and not waking up, or thinking that you would be better off dead? (Tell me about that.)

CHECK FOR ATTEMPT: In the past year, have you done anything to try to end your life?

IF YES: Tell me about that. What did you do?

NOTE: IF PAST YEAR IDEATION OR ATTEMPT, ASSESS FOR CURRENT SUICIDE RISK AND ACT ACCORDINGLY.

Ask: In the past week have you had any thoughts about taking your own life?

IF YES, Tell me more about that. Do you intend to hurt yourself or take your own life?

IF YES, Have you thought about a specific method for attempting suicide? What has prevented you from acting on this plan?

IF CURRENT, ACTIVE SUICIDAL IDEATION AND INTENT IS CONFIRMED, STOP THE INTERVIEW AND GO TO DRP SCENARIO 1B

SUICIDAL IDEATION PAST YEAR:

- 1. Yes
- 2. No

SUICIDAL ATTEMPT PAST YEAR:

- 1. Yes
- 2. No

Other Problems in Past Year

Have you had any problems in the past year other than what we've talked about so far?

IF UNKNOWN: How were you affected by the coronavirus pandemic? (Did you or someone close to you need to be hospitalized for treatment? Did you lose someone whom you were close to? How about the financial implications of the crisis?)

How has your physical health been during the past year, since [ONE YEAR AGO]? Have you been getting help for any medical problems? (What kind of problems are you getting help for? Are you taking any medicines or getting any other kind of treatment for the problem?)

In the past year, have you taken any medication (including over the counter medications, vitamins, nutritional supplements, or natural or traditional health remedies) for your emotions or nerves or to help you sleep (other than those you've already told me about?)

IF YES: What medication are you taking (did you take)?

Screening for Alcohol Use Disorder in Past Year

Have you drunk any alcohol in the past year, that is, since (ONE YEAR AGO)?

IF UNKNOWN: Have you drunk alcohol at least six times in the past 12 months?

IF UNKNOWN: What are the most drinks you have had at one time in the past 12 months?

MALES: ALCOHOL DRUNK AT LEAST SIX TIMES IN PAST TWELVE MONTHS AND HAVE HAD AT LEAST FOUR DRINKS AT ONE TIME AT LEAST ONCE IN PAST YEAR: Yes No

FEMALES: ALCOHOL DRUNK AT LEAST SIX TIMES IN PAST TWELVE MONTHS AND HAVE HAD AT LEAST THREE DRINKS AT ONE TIME IN THE PAST YEAR: Yes No

Screening for Nonsubstance Use Disorder in Past Year

Now I'd like to ask you about your use of drugs or medicines over the past 12 months, since (ONE YEAR AGO).

		At or Above Screening Threshold	Below Screening Threshold	
E15	Sedatives, Hypnotics, or Anxiolytics: In the past 12 months, have you taken any pills to calm you down, help you relax, or help you sleep? (Drugs like Valium, Xanax, Ativan, Klonopin, Ambien, Sonata, or Lunesta?) IF YES, specific drug(s) used _____	YES	NO	E15
E16	Cannabis: In the past 12 months, have you used marijuana ("pot," "grass," "weed," "flower"), hashish ("hash"), THC, "wax," "sauce," or "shatter," K2, or "spice"? IF YES, specific drug(s) used: _____	YES	NO	E16
E17	Stimulants: In the past 12 months, have you used any stimulants or "uppers" to give you more energy, keep you alert, lose weight, or help you focus? (Drugs like speed, methamphetamine, crystal meth, "crank," Ritalin or methylphenidate, Dexedrine, Adderall or amphetamine, or prescription diet pills?) How about cocaine or "crack"? IF YES, specific drug(s) used: _____	YES	NO	E17
E18	Opioids: In the past 12 months, have you ever used heroin or methadone? How about prescription pain killers? (Drugs like morphine, codeine, Percocet, Percodan, Oxycontin, Tylox or oxycodone, Vicodin, Lortab, Lorcet or hydrocodone, Suboxone or buprenorphine?) IF YES, specific drug(s) used: _____	YES	NO	E18
<p>FOR EACH DRUG CLASS THAT RESPONDANT ACKNOWLEDGES USING IN THE PAST YEAR, FOLLOW UP WITH THESE QUESTIONS TO DETERMINE WHETHER USE IS AT OR ABOVE THRESHOLD FOR ASSESSMENT OF SUBSTANCE USE DISORDER:</p> <p>→ IF ILLICIT OR RECREATIONAL DRUG: Have you used (SUBSTANCE) at least six times during the past 12 months?</p> <p>→IF PRESCRIBED MEDICATION: Over the past 12 months, did you get hooked or become dependent on (PRESCRIBED MEDICATION)? Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever have to go to more than one doctor to make sure you didn't run out?</p> <p>→IF OVER-THE-COUNTER (OTC) Over the past 12 months, did you get hooked or become dependent on (OTC MEDICATION)? Did you</p>				

THE TREATMENT TIMELINE (BELOW) MAY BE USED AT ANY POINT IN THE OVERVIEW TO RECORD THE DETAILS OF A COMPLICATED HISTORY.

A. MOOD EPISODES

MAJOR DEPRESSIVE EPISODE PAST YEAR	MAJOR DEPRESSIVE EPISODE CRITERIA		
<p>[IF UNBLINDMDE = YES] In your earlier interview you mentioned that you have had times in the past year when you felt depressed or down or lost interest in things that you used to enjoy. I'd like to ask you some more questions about those times.</p> <p>[ELSE] Now I am going to ask you some more questions about your mood.</p>	<p>A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.</p>		
<p>A1</p>	<p>During the past 12 months, since (ONE YEAR AGO), has there been a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (Has anyone said that you look sad, down, or depressed?)</p> <p><i>IF NO: How about feeling sad, empty, or hopeless, most of the day, nearly every day?</i></p> <p>IF YES TO EITHER OF ABOVE: What has it been like? For how long have you felt like that for most of the day, nearly every day? (As long as 2 weeks?)</p>	<p>1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).</p> <p style="text-align: center;">— +</p>	<p>A1</p>
<p>A2</p>	<p>▶ IF PREVIOUS ITEM RATED "+": During that time, did you have less interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>▶ IF PREVIOUS ITEM RATED "—": What about a time since (ONE YEAR AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>IF YES: Has it been nearly every day? How long has it lasted? (As long as 2 weeks?)</p>	<p>2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</p> <p style="text-align: center;">— +</p>	<p>A2</p>
<p>IF BOTH A1 AND A2 ARE RATED AS "—" FOR THE PAST YEAR, Continue with A29 (Manic Episode Past Year), page 15.</p>			
<p>Have you had more than one time like that during the past 12 months? (Which time was the worst?)</p>		<p><i>NOTE: If more than one episode in the past 12 months is likely, select the "worst" one for your inquiry about a Major Depressive Episode in the past 12 months.</i></p>	

A3	<p>FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2-WEEK PERIOD OF THE WORST EPISODE IN THE PAST YEAR: Thinking about (WORST EPISODE IN PAST YEAR), during which 2-week period would you say you have been feeling the worst or functioning the worst?</p>			
	<p>During (2-WEEK PERIOD)...</p> <p>...how was your appetite? (What about compared to your usual appetite? Did you have to force yourself to eat? Eat [less/more] than usual? <u>Was that nearly every day?</u> Did you lose or gain any weight?)</p> <p><i>IF YES: How much? (Had you been trying to [lose/gain] weight?)</i></p>	<p>3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.</p>	<p>— +</p>	A3
A4	<p>...how had you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much?)</p> <p>How many hours of sleep (including naps) have you been getting? How many hours of sleep did you typically get before you got (depressed/OWN WORDS)? <u>Had it been nearly every night?</u></p>	<p>4. Insomnia or hypersomnia nearly every day.</p>	<p>— +</p>	A4
A5	<p>(During [2-WEEK PERIOD]...)</p> <p>...were you so fidgety or restless that you were unable to sit still?</p> <p>What about the opposite—talking more slowly, or moving more slowly than was normal for you, as if you’re moving through molasses or mud?</p> <p>(IN EITHER INSTANCE, has it been so bad that other people noticed it? What did they notice? <u>Was that nearly every day?</u>)</p>	<p>5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).</p> <p><i>NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW.</i></p>	<p>— +</p>	A5
A6	<p>...what was your energy like? (Tired all the time? <u>Nearly every day?</u>)</p>	<p>6. Fatigue or loss of energy nearly every day.</p>	<p>— +</p>	A6
A7	<p>(During [2-WEEK PERIOD]...)</p> <p>...were you feeling worthless?</p> <p>What about feeling guilty about things you had done or not done?</p> <p><i>IF YES: What kinds of things? (Was this only because you couldn’t take care of things because you had been sick?)</i></p> <p>IF YES TO EITHER OF ABOVE: Was that <u>Nearly every day?</u></p>	<p>7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).</p>	<p>— +</p>	A7

A8	<p>...Did you have trouble thinking or concentrating? Had it been hard to make decisions about everyday things? (What kinds of things had it been interfering with? <u>Nearly every day?</u>)</p>	<p>8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).</p>	<p>— +</p>	A8
A9	<p>(During [2-WEEK PERIOD]...)</p> <p>...Had things been so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life?</p> <p><i>IF YES: Had you done something about it? (What did you do? Had you made a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)</i></p>	<p>9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</p> <p>Note: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.</p>	<p>— +</p>	A9
A10		<p>AT LEAST FIVE OF THE ABOVE CRITERION A SXS (A1-A9) ARE RATED "+".</p>	<p>NO YES</p>	A10

IF FEWER THAN FIVE ITEMS: Has there been any other time when you were (depressed/OWN WORDS) during the past year and had even more of the symptoms than I just asked about?

→ IF YES: Go back to **A1**, page 10, and assess symptoms for that episode.

→ IF NO: Continue with **A29** (Manic Episode Past Year), **page 15**

Continue with **A11** (Criterion B), **next page.**

A11

IF UNKNOWN: **Are you taking any medications or other health remedies because of (DEPRESSIVE SXS)? Tell me about that.**

IF UNKNOWN: **Are you seeing a doctor, a therapist, or a counselor for (DEPRESSIVE SXS)? Tell me about that.**

IF UNKNOWN: **Have other people suggested that you ought to seek help for (DEPRESSIVE SXS)? Tell me about that.**

IF UNCLEAR: **What effect did (DEPRESSIVE SXS) have on your life?**

ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:

How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did [DEPRESSIVE SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)

How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work/school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? Did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)

How did (DEPRESSIVE SXS) affect your ability to take care of things at home? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? What about doing other things that were important to you, like religious activities, physical exercise, or hobbies?

Did you avoid doing anything because you felt like you weren't up to it?

Did (DEPRESSIVE SXS) affect any other important part of your life?

IF DEPRESSIVE SXS DO NOT INTERFERE WITH LIFE: **How much were you bothered or upset by having (DEPRESSIVE SXS)?**

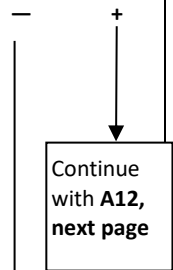
B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatment for sx: Code "+" if "YES" to any of the first three questions.

Impairment due to sx: Code "+" if judged to be moderate or greater

Distress: Code "+" if judged to be moderate or greater

A11



IF EPISODE DOES NOT CAUSE DISTRESS OR IMPAIRMENT, ASK: Has there been any other time during the past year when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked about?

IF YES: Go back to **A1, page 10**, and assess symptoms for that episode.

IF NO: Continue with **A29 (Manic Episode Prior To Past Year), page 15**

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	MANIC EPISODE PAST YEAR	MANIC EPISODE CRITERIA		
A29a	<p>[IF UNBLINDMANIA = YES] In your earlier interview you mentioned that you have had times in the past year when you felt so full of energy or in such a good mood for at least four days that other people thought you were not yourself. Or, you may have mentioned that you were much more irritable for at least four days. I'd like to ask you some more questions about those times.</p> <p>[ALL] During the past 12 months, since (12 MONTHS AGO), has there been a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?</p>	<p>PERIOD OF ELEVATED MOOD? A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p>	<p style="text-align: center;">- + ↓</p> <p>Go to A29c.</p>	A29a
A29b	<p>Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p style="text-align: center;">- + ↓</p> <p>A29 has been prepopulated "+". Go to A30</p>	A29b
A29c	<p>Since (12 MONTHS AGO), have you had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?)</p>	<p>PERIOD OF IRRITATED MOOD?</p>	<p style="text-align: center;">- + ↓</p> <p>A29 has been prepopulated "-". Go to A53, page 20.</p>	A29c
A29d	<p>IF UNKNOWN: Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than was typical for you? (Did other people comment on how much you were doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p style="text-align: center;">- + ↓ ↓</p> <p>A29 has been prepopulated "-". Go to A53, page 20.</p> <p>A29 has been prepopulated "+". Go to A30</p>	A29d
A30	<p>How long did this last? (As long as 1 week?)</p> <p>IF LESS THAN 1 WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>Were you feeling (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p><i>NOTE: IF ELEVATED MOOD LASTS LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO A53.</i></p>	<p style="text-align: center;">- + ↓</p> <p>Continue with A53 (Consider Assessment of Manic Episodes prior to past year) page 20.</p>	A30

	<p>Have you had more than one time like that during the past year? (Which time was the most intense or caused the most problems?)</p> <p>FOR A31–A37, FOCUS ON THE MOST SEVERE PERIOD OF THE WORST EPISODE DURING THE PAST YEAR THAT YOU ARE INQUIRING ABOUT.</p>	<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>		
	<p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p> <p>During that time...</p>			
A31	<p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p>	— +	A31
A32	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Did you still feel rested?</p>	<p>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</p>	— +	A32
A33	<p>(During that time...)</p> <p>...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)</p>	<p>3. More talkative than usual or pressure to keep talking.</p>	— +	A33
A34	<p>...were your thoughts racing through your head? (What was that like?)</p>	<p>4. Flight of ideas or subjective experience that thoughts are racing.</p>	— +	A34
A35	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	<p>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</p>	— +	A35
A36	<p>(During that time...)</p> <p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends, going out with them more than you usually do, or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</p>	— +	A36

A37	<p>(During that time...)</p> <p>...were you doing anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<p>— +</p>	A37
A38	<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A31–A37) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>		<p>NO YES</p>	A38
<p>IF FEWER THAN THREE (FOUR IF MOOD ONLY IRRITABLE) AND NOT ALREADY ASKED: Have there been any other times in the past year when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?</p> <p>IF YES: Go back to A29, page 15, and ask about that episode.</p> <p>IF NO: Continue with A53, page 20 (Consider Assessment of Manic Episodes prior to past year)</p>				
A39	<p>IF UNCLEAR: What effect did (MANIC SXS) have on your life?</p> <p>IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How did (MANIC SXS) affect your relationships or your interactions with other people? (Did [MANIC SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How did (MANIC SXS) affect your work/school? (How about your attendance at work/school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? Did [MANIC SXS] affect the quality of your work/schoolwork?)</p> <p>How have (MANIC SXS) affected your ability to take care of things at home?</p>	<p>C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p>	<p>— +</p>	A39
<p>IF NOT ALREAD ASKED: IF MOOD DISTURBANCE WAS NOT SEVERE ENOUGH TO CAUSE MARKED IMPARIMENT OR TO NECESSITATE HOSPITALIZATION AND NOT ALREADY ASKED: Has there been any other time in the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you got into trouble with people or were hospitalized?</p> <p>IF YES: Go back to A29, page 15, and ask about that episode.</p> <p>IF NO: Continue with A53 (Consider assessment of Manic Episodes prior to past year), page 20.</p>				

Continue with A39, CRITERION C, below.

Continue with A40, next page

A40	<p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of another medical condition... Refer to page 71 for a list of possibly etiological medical conditions <i>NOTE: Code "NO" only if episode <u>is</u> due to a GMC</i></p>	<p>NO YES</p> <p>↓</p> <p>PRIMARY</p>	A40
A40a	<p>Just before this began, were you taking any medications?</p> <p><i>IF ALREADY ON MEDICATION WHEN EPISODE BEGAN: Any change in the amount you were taking?</i></p> <p>Just before this began, were you drinking or using any street drugs?</p> <p><i>IF ALREADY DRINKING OR USING DRUGS WHEN EPISODE BEGAN: Any change in the amount you were taking?</i></p> <p><i>IF TAKING SUBSTANCE THAT CAN CAUSE MANIC-LIKE SXS DURING WITHDRAWAL: Had you recently cut down or stopped taking (drug)?</i></p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment)</p> <p>Refer to page 71 for a list of possibly etiological substances/medications.</p> <p>Note: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I [Disorder] diagnosis.</p> <p><i>NOTE: Code "NO" only if episode <u>is</u> due to a substance/medication.</i></p>		<p>MANIC EPISODE PAST YEAR Continue with A53, page 20.</p>
<p>DETERMINE WHETHER AMOUNT AND DURATION OF USE IS SUFFICIENT TO CAUSE MANIC SYMPTOMS:</p>		<p>1) Amount or duration is insufficient to cause manic symptoms:</p>		
<p><i>IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using/taking at the time you began to have (MANIC SXS)?</i></p>		<p>YES (PRIMARY) [Answer "YES" to A40a]</p>		
<p><i>IF UNKNOWN: For how long had you been [using (SUBSTANCE)/taking (MEDICATION)]?</i></p>		<p>NO (SUFFICIENT, POSSIBLY SUBSTANCE-INDUCED)</p>		
<p>DETERMINE WHETHER THERE WAS BEEN A PERIOD OF TIME OF MANIC SXS WHEN NOT USING/TAKING SUBSTANCE/MEDICATION:</p>		<p>2) Determine if manic symptoms prior to substance/medication use or manic symptoms persist after stopping substance/medication</p>		
<p><i>IF UNKNOWN: Were you (high/excited/OWN WORDS) before you started [using (SUBSTANCE)/taking (MEDICATION)]?</i></p>		<p>YES (PRIMARY) [Answer "YES" to A40a]</p>		
<p><i>IF UNKNOWN: Have you had a period of time when you stopped [using (SUBSTANCE)/taking (MEDICATION)]?</i> <i>IF YES: After you stopped [using (SUBSTANCE)/taking (MEDICATION)] did the (MANIC SXS) go away or get better?</i> <i>IF YES: How long did it take for them to get better? Did they go away within a month of stopping?</i></p>		<p>NO (MANIA CONFINED TO SUBSTANCE USE), POSSIBLY SUBSTANCE-INDUCED</p>		
<p>CHECK FOR POSSIBILITY THAT A PRIMARY MANIC EPISODE IS MORE LIKELY BASED ON PAST HX</p>		<p>3) Check for prior non-substance-induced manic episodes:</p>		
<p><i>IF UNKNOWN: Have you had other episodes of (MANIC SXS)?</i> <i>IF YES: How many? Were you [using (SUBSTANCE)/taking (MEDICATION)] at those times?</i></p>		<p>YES (POSSIBLY PRIMARY) [APPLY CLINICAL JUDGEMENT]</p>		
		<p>NO (ALL EPISODES SUBSTANCE-RELATED) [Answer "NO" to A40a]</p>		

IF DUE TO A MEDICAL CONDIITON OR SUBSTANCE: **Has there been any other time during the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you were not (ill with GMC/using SUBSTANCE)?**

▶ IF YES: Go back to **A29, page 15**, and ask about that episode

▶ IF NO: Continue with **A53, page 20** (Consider Assessment of Manic Episodes prior to past year)

A53	CONSIDER ASSESSMENT OF MANIC EPISODES PRIOR TO PAST YEAR (ONLY IF MAJOR DEPRESSIVE EPISODES IN PAST YEAR)	A53
<p>ONE OR MORE MAJOR DEPRESSIVE EPISODES IN PAST YEAR</p>		<p style="text-align: center;">NO YES</p> <p style="text-align: center;">↓ ↓</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Continue with B1, Page 26. </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Continue with A54 (Manic prior to past year), below. </div> </div>

	MANIC EPISODE PRIOR TO PAST YEAR	MANIC EPISODE CRITERIA	
A54a	<p>Prior to the past year, before (ONE YEAR AGO), have you <u>ever</u> had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?</p>	<p>PERIOD OF ELEVATED MOOD? A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p>	<p style="text-align: center;">- +</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Go to A54c. </div>
A54b	<p>Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p style="text-align: center;">- +</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> A54 has been prepopulated "+". Go to A55 </div>
A54c	<p>Prior to the past year, have you <u>ever</u> had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?)</p>	<p>PERIOD OF IRRITATED MOOD?</p>	<p style="text-align: center;">- +</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> A54 has been prepopulated "-". Go to B1, page 26. </div>
A54d	<p>IF UNKNOWN: Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p style="text-align: center;">- +</p> <p style="text-align: center;">↓ ↓</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> A54 has been prepopulated "-". Go to B1, page 26. </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> A54 has been prepopulated "+". Go to A55. </div> </div>
A55	<p>How long did this last? (As long as 1 week?)</p> <p>IF LESS THAN ONE WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>Did you feel (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p><i>NOTE: IF ELEVATED MOOD LASTED LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO B1.</i></p>	<p style="text-align: center;">- +</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Continue with B1 (psychotic sx) page 26. </div>

<p>Have you had more than one time like that prior to the past year? (Which time was the most intense or caused the most problems?)</p>		<p><i>NOTE: If there is evidence for more than one past episode prior to the past year, select the one with the most impairment for your inquiry about past Manic Episode.</i></p>		
<p>FOR A56–A62, FOCUS ON THE MOST SEVERE PERIOD OF THE WORST EPISODE PRIOR TO THE PAST YEATR THAT YOU ARE INQUIRING ABOUT.</p> <p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p>		<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>		
A56	<p>During that time...</p> <p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	1. Inflated self-esteem or grandiosity.	— +	A56
A57	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Did you still feel rested?</p>	2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	— +	A57
A58	<p>(During the past 12 months)</p> <p>...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)</p>	3. More talkative than usual or pressure to keep talking.	— +	A58
A59	<p>...were your thoughts racing through your head? (What was that like?)</p>	4. Flight of ideas or subjective experience that thoughts are racing.	— +	A59
A60	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.	— +	A60

A61	<p>(During the past 12 months)</p> <p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</p>	<p>— +</p>	A61
A62	<p>(During the past 12 months)</p> <p>...did you do anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<p>— +</p>	A62
A63		<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A56–A62) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>	<p>NO YES</p> <p>↓ ↓</p>	A63
<p>IF FEWER THAN THREE (FOUR IF MOOD ONLY IRRITABLE) AND NOT ALREADY ASKED: Have there been any other times prior to the past year when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?</p> <p>IF YES: Go back to A54, page 20, and ask about that episode.</p> <p>IF NO: Continue with B1 (Psychotic sxs), page 26</p>				<p>Continue with A64 (Criterion C), next page.</p>

A64	<p>IF UNCLEAR: What effect did (MANIC SXS) have on your life?</p> <p>IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How did (MANIC SXS) affect your relationships or your interactions with other people? (Did [MANIC SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How did (MANIC SXS) affect your work/school? (How about your attendance at work/school? Did [MANIC SXS] make it more difficult to do your work/schoolwork)? Did [MANIC SXS] affect the quality of your work/schoolwork?)</p> <p>How did (MANIC SXS) affect your ability to take care of things at home?</p>	<p>C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p>	<p>— +</p> <p>↓ ↓</p>	A64
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Continue with A65, next page.</div>				
<p>IF MOOD DISTURBANCE WAS NOT SEVERE ENOUGH TO CAUSE MARKED IMPARIMENT OR NECESSITATE HOSPITALIZATION AND NOT ALREADY ASKED: Has there been any other time prior to the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you got into trouble with people or were hospitalized?</p> <p>IF YES: Go back to A54, page 20, and ask about that episode.</p> <p>IF NO: Continue with B1 (Psychotic sxs), page 26</p>				

A65	<p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of another medical condition... Refer to page 71 for a list of possibly etiological medical conditions <i>NOTE: Code "NO" only if episode <u>is</u> due to a GMC</i></p>	<p>NO</p> <p>YES</p>	A65
A65a	<p>Just before this began, were you taking any medications?</p> <p><i>IF ALREADY ON MEDICATION WHEN EPISODE BEGAN: Any change in the amount you were taking?</i></p> <p>Just before this began, were you drinking or using any street drugs?</p> <p><i>IF ALREADY DRINKING OR USING DRUGS WHEN EPISODE BEGAN: Any change in the amount you were taking?</i></p> <p><i>IF TAKING SUBSTANCE THAT CAN CAUSE MANIC-LIKE SXS DURING WITHDRAWAL: Had you recently cut down or stopped taking (drug)?</i></p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment)</p> <p>Refer to page 71 for a list of possibly etiological substances/medications.</p> <p>Note: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I [Disorder] diagnosis.</p> <p><i>NOTE: Code "NO" only if episode <u>is</u> due to a substance/medication.</i></p>	<p>NO</p> <p>YES</p>	<p>MANIC EPISODE PRIOR TO THE PAST YEAR Continue with A66, next page.</p>
<p>DETERMINE WHETHER AMOUNT AND DURATION OF USE IS SUFFICIENT TO CAUSE MANIC SYMPTOMS:</p> <p>IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using/taking at the time you began to have (MANIC SXS)?</p> <p>IF UNKNOWN: For how long had you been [using (SUBSTANCE)/ taking (MEDICATION)]?</p>		<p>1) Amount or duration is insufficient to cause manic symptoms:</p> <p>YES (PRIMARY) [Answer "YES" to A65]</p> <p>NO (SUFFICIENT, POSSIBLY SUBSTANCE-INDUCED)</p>		
<p>DETERMINE WHETHER THERE WAS BEEN A PERIOD OF TIME OF MANIC SXS WHEN NOT USING/TAKING SUBSTANCE/MEDICATION:</p> <p><i>IF UNKNOWN: Were you (high/excited/OWN WORDS) before you started [using (SUBSTANCE)/taking (MEDICATION)]?</i></p> <p><i>IF UNKNOWN: Have you had a period of time when you stopped [using (SUBSTANCE)/taking (MEDICATION)]?</i> <i>IF YES: After you stopped [using (SUBSTANCE)/taking (MEDICATION)] did the (MANIC SXS) go away or get better?</i> <i>IF YES: How long did it take for them to get better? Did they go away within a month of stopping?</i></p>		<p>2) Determine if manic symptoms prior to substance/medication use or manic symptoms persist after stopping substance/medication</p> <p>YES (PRIMARY) [Answer "YES" to A65]</p> <p>NO (MANIA CONFINED TO SUBSTANCE USE), POSSIBLY SUBSTANCE-INDUCED</p>		
<p>CHECK FOR POSSIBILITY THAT A PRIMARY MANIC EPISODE IS MORE LIKELY BASED ON PAST HX</p> <p><i>IF UNKNOWN: Have you had other episodes of (MANIC SXS)?</i> <i>IF YES: How many? Were you [using (SUBSTANCE)/ taking (MEDICATION)] at those times?</i></p>		<p>3) Check for prior non-substance-induced manic episodes:</p> <p>YES (POSSIBLY PRIMARY) [APPLY CLINICAL JUDGEMENT]</p> <p>NO (ALL EPISODES SUBSTANCE-RELATD) [Answer "NO" to A65]</p>		

A66 MH

IF DUE TO MEDICAL CONIDITON OR SUBSTANCE: Has there been any other time during the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you were not (ill with GMC/using SUBSTANCE)?

▶ IF YES: Go back to **A54, page 20**, and ask about that episode

▶ IF NO: Continue with **B1 (Psychotic sxs), page 26**.

B. PSYCHOTIC AND ASSOCIATED SYMPTOMS

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS THAT ARE PRESENT, DETERMINE WHETHER THE SYMPTOM IS DEFINITELY "PRIMARY" (I.E., DUE TO A PSYCHOTIC DISORDER) OR WHETHER THERE IS A POSSIBLE OR DEFINITE ETIOLOGICAL GMC OR SUBSTANCE/MEDICATION. (REFER TO PAGE 71 FOR A LIST OF ETIOLOGICAL GMCs OR SUBSTANCES/MEDICATIONS.) THIS INFORMATION WILL BE USEFUL IN DIFFERENTIATING A PRIMARY PSYCHOTIC DISORDER FROM A PSYCHOTIC DISORDER DUE TO AMC OR SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER IN MODULE C.

THE FOLLOWING QUESTIONS MAY BE USEFUL FOR THIS DETERMINATION IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

Just before (PSYCHOTIC SXS) began, were you using drugs? IF YES: **What were you using?**
...On any medications? IF YES: **What were you taking?**
...Did you drink much more than usual or stop drinking after you had been drinking a lot for a while?
...Were you physically ill?

IF YES TO ANY: **Has there been a time when you had (PSYCHOTIC SXS) and were not (using [DRUG]/taking [MEDICATION]/changing your drinking habits/physically ill)?**

[IF UNBLINDPSYCHOS1 = YES] In your earlier interview you mentioned that a health professional said you had schizophrenia or schizoaffective disorder, I'd like to ask you some more questions about this.

[IF UNBLINDPSYCHOS2 = YES] In your earlier interview you mentioned that you received disability payments because of a schizophrenia or schizoaffective disorder diagnosis, I'd like to ask you some more questions about this.

[IF UNBLINDPSYCHOS3 = YES] In your earlier interview you mentioned having one or more unusual experiences in your life. I'd like to ask you some more questions about those experiences.

[ELSE] Now I am going to ask you about unusual experiences that people sometimes have.

DELUSIONS

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

NOTE: Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "—".

B1	<p>Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?)</p> <p>IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?</p> <p>Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (Not just that it was particularly relevant to you, but that it was specifically meant for you.)</p> <p>Did you ever have the feeling that the words in a popular song were meant to send you a special message?</p> <p>Did you ever have the feeling that what people were wearing was intended to send you a special message?</p> <p>Did you ever have the feeling that street signs or billboards had a special meaning for you?</p>	<p>Delusion of reference (i.e., a belief that events, objects, or other people in the individual's immediate environment have a particular or unusual significance)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>	B1
				B1a

B2	<p>What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)</p> <p>Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?</p> <p>Did you ever have the feeling that you were being poisoned or that your food had been tampered with?</p>	<p>Persecutory delusion (i.e., a belief that the individual [or his or her group] is being attacked, harassed, cheated, persecuted, or conspired against)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B2
B3	<p>Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)</p> <p>Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?</p>	<p>Grandiose delusion (i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B3
B4	<p>Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)</p> <p>Have you ever felt that something strange was happening to parts of your body?</p>	<p>Somatic delusion (i.e., content involves change or disturbance in body appearance or functioning)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B4
B5	<p>Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)</p> <p>Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends? (Tell me about that.)</p> <p>What about feeling responsible for a disaster such as a fire, flood, or earthquake? (Tell me about that.)</p>	<p>Delusion of guilt (i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster [e.g., an earthquake or fire] with which there can be no possible connection)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B5
B6	<p>Have you ever been convinced that your spouse or partner was being unfaithful to you?</p> <p>IF YES: How did you know he/she was being unfaithful? (What clued you into this?)</p>	<p>Jealous delusion (i.e., a belief that one’s sexual partner is unfaithful)</p> <p>DESCRIBE: LEAVE ITEM BLANK IF NO SPOUSE OR PARTNER</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B6
				B6a

B7	<p>Are you a religious or spiritual person?</p> <p>→ IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?</p> <p>→ IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)</p> <p>→ IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</p> <p>→ IF NO: Have you ever felt that God, or the devil or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</p>	<p>Religious delusion (i.e., a delusion with a religious or spiritual content)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B7	B7a
B8	<p>Did you ever have a “secret admirer” who, when you tried to contact them, denied that they were in love with you? (Tell me about that.)</p> <p>Were you ever romantically involved with someone famous? (Tell me about that.)</p>	<p>Erotomaniac delusion (i.e., a belief that another person, usually of higher status, is in love with the individual)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B8	B8a
B9	<p>Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.)</p>	<p>Delusion of being controlled (i.e., feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than under one’s own control)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B9	B9a
B10	<p>Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.)</p>	<p>Thought insertion (i.e., a belief that certain thoughts are not one’s own, but rather are inserted into one’s mind)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B10	B10a
B11	<p>What about thoughts being taken out of your head? (Tell me about that.)</p>	<p>Thought withdrawal (i.e., a belief that one’s thoughts have been “removed” by some outside force)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B11	B11a
B12	<p>Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)</p>	<p>Thought broadcasting (i.e., a delusion that one’s thoughts are being broadcast out loud so that others can perceive them)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise: — +</p>	B12	B12a

B13	<p>Did you ever believe that someone could read your mind? (Tell me about that.)</p>	<p>Other delusions (e.g., a belief that others can read the person’s mind, a delusion that one has died several years ago)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B13
<p>HALLUCINATIONS</p> <p>A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality).</p> <p><i>NOTE: Code “-” for hallucinations that are so transient as to be without diagnostic significance. Code “-” for hypnagogic or hypnopompic hallucinations occurring only when falling asleep or upon awakening, respectively.</i></p>				
B14	<p>Did you ever hear things that other people couldn’t, such as noises, or the voices of people whispering or talking? (Were you awake at the time?)</p> <p>IF YES: What did you hear? How often did you hear it?</p>	<p>Auditory hallucinations (i.e., a hallucination involving the perception of sound, most commonly of voice, when fully awake, heard either inside or outside of one’s head)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B14
B15	<p>Did you have visions or see things that other people couldn’t see? (Tell me about that. Were you awake at the time?)</p>	<p>Visual hallucinations (i.e., a hallucination involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light)</p> <p><i>NOTE: Distinguish from an illusion (i.e., a misperception of a real external stimulus).</i></p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B15
B15a				

DISORGANIZED SPEECH AND BEHAVIOR AND CATATONIA			
<p>(Let me stop for a minute while I make a few notes...)</p> <p>ARE YOU CURRENTLY INTERVIEWING A SECONDARY INFORMANT OR HAVE YOU CODED ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS POSITIVELY DURING THE INTERVIEW WITH THE PRIMARY RESPONDENT?"</p> <p>Yes → continue No → IF <u>NO</u> go to B23, page 33</p>			
<p>IF NOT INTERVIEWING SECONDARY INFORMANT, THEN SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p> <p>IF INTERVIEWING SECONDARY INFORMANT, THEN ASK: Just before (PSYCHOTIC SXS) began, was (PRIMARY RESPONDENT) using drugs? IF YES: What was (PRIMARY RESPONDENT) using? ...on any medications? IF YES: What was (PRIMARY RESPONDENT) taking? ...did (PRIMARY RESPONDENT) drink much more than usual or stop drinking after they had been drinking a lot for a while? ... was (PRIMARY RESPONDENT) physically ill?</p> <p>IF YES TO ANY: Has there been a time when (PRIMARY RESPONDENT) had (PSYCHOTIC SXS) and was not (using [DRUG]/taking [MEDICATION]/changing their drinking habits/physically ill)?</p>			
B20	<p><i>Note: The ratings of lifetime disorganized speech will almost always be based on the observations by untrained secondary informants.</i></p> <p>IF NOT INTERVIEWING SECONDARY INFORMANT, THEN SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p> <p>IF INTERVIEWING SECONDARY INFORMANT, THEN ASK: Has (PRIMARY RESPONDENT) ever had periods in which his /her speech was very difficult to follow because he/she would jump from one topic to a completely unrelated topic or because it consisted of words strung together and that did not make any sense? Tell me about this. Did you have a lot of trouble understanding him/her because of this?</p>	<p>DISORGANIZED SPEECH: The individual may switch from one topic to another (derailment or loose associations). Answers to questions may be obliquely related or completely unrelated (tangentiality). Rarely, speech may be so severely disorganized that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization (incoherence or "word salad"). Because mildly disorganized speech is common and nonspecific, the symptom must be severe enough to substantially impair effective communication.</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>
B21	<p><i>Note: The ratings of lifetime disorganized speech will almost always be based on the observations of untrained secondary informants.</i></p> <p>IF NOT INTERVIEWING SECONDARY INFORMANT, THEN SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p> <p>IF INTERVIEWING SECONDARY INFORMANT, THEN ASK: Has (PRIMARY RESPONDENT) ever had periods in which he/she would become agitated and repeatedly shout or swear for no apparent reason? How about periods in which (RESPONDENT) appeared very disheveled or was dressed in an unusual manner, like wearing multiple overcoats, scarves and gloves on a hot day?</p>	<p>GROSSLY DISORGANIZED BEHAVIOR: May range from childlike silliness to unpredictable agitation. The person may appear markedly disheveled, may dress in an unusual manner (e.g., wearing multiple overcoats, scarves, and gloves on a hot day), or may display clearly inappropriate sexual behavior (e.g., public masturbation) or unpredictable and untriggered agitation (e.g., shouting or swearing).</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>

B20

B21

B21a

B22

Note: The ratings of lifetime catatonia items will almost always be based on the observations by untrained secondary informants whose ability to describe them in sufficient detail so as to allow the rater to accurately differentiate among them is likely to be quite limited. Consequently, these symptoms have been grouped together by similar phenomenology, with suggested questions provided for inquiry.

IF NOT INTERVIEWING SECONDARY INFORMANT, THEN SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.

IF INTERVIEWING SECONDARY INFORMANT, THEN ASK: **Has (PRIMARY RESPONDENT) ever had periods in which he/she completely stopped moving or talking or would not respond to anything you said to him/her? Tell me about that.**

Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would assume a rigid pose or hold up an arm or leg against gravity for a long period of time? Tell me about that.

Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would become and stay agitated for a long period of time for no apparent reason?

Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would repeat the same action again and again for no apparent reason? Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would make exaggerated facial expressions of disgust for no good reason?

Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would carry out normal actions but in an exaggerated way?

CATATONIC BEHAVIOR

Code '+ if at least two of the below symptoms are present

Little or no psychomotor activity or verbal responses

Stupor (i.e., no psychomotor activity; not actively relating to environment)

Mutism (i.e., no, or very little, verbal response [exclude if known aphasia])

Negativism (i.e., opposition or no response to instructions or external stimuli)

Maintenance of Unusual postures against gravity

Posturing (i.e., spontaneous, and active maintenance of a posture against gravity)

Catalepsy (i.e., passive induction of a posture held against gravity)

Waxy flexibility (i.e., slight, even resistance to positioning by examiner)

Excessive movement or behavior

Agitation, not influenced by external stimuli

Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements)

Odd facial expressions or movements

Grimacing (i.e., odd and inappropriate facial expressions unrelated to situation)

Mannerism (i.e., odd, circumstantial caricature of normal actions)

— +

Code “+” if primary, “-“ otherwise:

— +

B22

B22a

<p>Has (PRIMARY RESPONDANT) ever had periods in which (he/she) would mimic other people's speech or movements?</p>	<p>Mimicking speech or actions</p> <p>Echolalia (i.e., mimicking another's speech)</p> <p>Echopraxia (i.e., mimicking another's movements)</p> <p>DESCRIBE:</p>	
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NEGATIVE SYMPTOMS				
<p><i>For any negative symptoms rated “+”, determine whether the symptom is definitely primary (i.e., due to a Psychotic Disorder) or whether it is possibly or definitely secondary—i.e., related to another mental disorder (e.g., depression), a substance or a GMC (e.g., medication-induced akinesia), or a psychotic symptom (e.g., command hallucinations not to move).</i></p>				
<p>B23</p>	<p>RATE THIS ITEM BASED ON INFORMATION OBTAINED FROM THE OVERVIEW.</p> <p>IF UNKNOWN: Has there been a period of time lasting at least several months when you were not working, not in school, or doing much of anything?</p> <p>IF UNKNOWN: How about a period of time when you were unable to take care of basic everyday things, like brushing your teeth or bathing?</p> <p>IF NO: Did anyone ever say that you were not taking care of these or other basic everyday things?</p>	<p>Avolition: An inability to initiate and persist in goal-directed activities. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care).</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise:</p> <p>— +</p>	<p>B23</p> <p>B23a</p>
<p>B24</p>		<p>Diminished Emotional Expressiveness: Includes reductions in the expression of emotions in the face, eye contact, intonation of speech (prosody), and movements of the hand, head, and face that normally give an emotional emphasis to speech.</p>	<p>— +</p> <p>Code “+” if primary, “-“ otherwise:</p> <p>— +</p>	<p>B24</p> <p>B24a</p>

Continue with **C1**
(Differential Diagnosis
of Psychotic Disorders),
next page.

C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

If no primary psychotic items from Module B have ever been present, **skip to D1** (Differential Diagnosis of Mood Disorders), **page 36**.

C1 Note: for the following items, only include psychotic symptoms in Module B that have been rated to be primary.

Psychotic symptoms occur **at times other than** during Major Depressive or Manic Episodes

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT:
Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (depressed/high/irritable/OWN WORDS)?
That is, have you only had (PSYCHOTIC SXS) during times when you have been (depressed/high/irritable/OWN WORDS)?

YES

NO

Psychotic Mood Disorder
 Go to **D1** (Differential Diagnosis of Mood Disorders), **page 36**.

C1

SCHIZOPHRENIA CRITERION A

C2

Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
 At least one of these must be (1), (2), or (3):

1. Delusions [**B1–B13**].
2. Hallucinations [**B14–B15**].
3. Disorganized speech (e.g., frequent derailment or incoherence) [**B20**].
4. Grossly disorganized or catatonic behavior [**B21–B22**].
5. Negative symptoms (i.e., diminished emotional expression or avolition) [**B23–B24**].

NO: Consider rating "NO" if the only symptoms are delusions accompanied by tactile and/or olfactory hallucinations that are thematically related to the content of the delusions (which is consistent with a diagnosis of Delusional Disorder).

YES

NO

Go to **D1** (Differential Diagnosis of Mood Disorders), **page 36**.

C2

SCHIZOPHRENIA CRITERION C

C4

Continuous signs of the disturbance persist for at least **6 months**. This 6-month period must include at least **1 month** of symptoms (or less if successfully treated) that **meet Criterion A** (i.e., active-phase symptoms) and may include periods of **prodromal** or **residual** symptoms.

Prodromal/residual symptoms include:

- Unusual or odd beliefs that are not of delusional proportions (e.g., ideas of reference or magical thinking);
- Unusual perceptual experiences (e.g., sensing the presence of an unseen person);
- Speech that is generally understandable but digressive, vague, or overelaborate
- Behavior that is unusual but not grossly disorganized (e.g., collecting garbage, talking to self in public, hoarding food)
- Negative symptoms (e.g., marked impairment in personal hygiene and grooming; marked lack of initiative, interests, or energy)
- Blunted or inappropriate affect
- Marked social isolation or withdrawal

YES

NO

Go to **C8** (Assessment of Schizophreniform/ Schizoaffective Disorder), **next page**

C4

C6	<p>IF UNCLEAR: During the past year, since (ONE YEAR AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past year,</p>	NO	YES	C6
Past Hx		Past yr	<p>OR A major mood episode (Major Depressive or Manic) concurrent with Criterion A of Schizophrenia at some point in past year</p>	<p>Diagnose: Schizophrenia or Schizoaffective Disorder. Check here ___ if onset after January 2020. Continue with D1 (Differential Diagnosis of Mood Disorders), page 36</p>	

C8	<p>IF UNCLEAR: During the past year, since (ONE YEAR AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past year,</p>	NO	YES	C8
Past Hx		Past yr	<p>OR A major mood episode (Major Depressive or Manic) concurrent with Criterion A of Schizophrenia at some point in past year</p>	<p>Diagnose: Schizophreniform or Schizoaffective Disorder. Check here ___ if onset after January 2020. Continue with D1 (Differential Diagnosis of Mood Disorders), next page.</p>	

D. DIFFERENTIAL DIAGNOSIS OF MOOD DISORDERS

D1 If there have never been any clinically significant mood symptoms go to **E1** (Substance Use Disorders), **page 38** Otherwise continue with **D2**. **D1**

CRITERIA FOR BIPOLAR I DISORDER

D2 A. Criteria have been met for at least one Manic Episode either during the past year or prior to the past year [**A40/A65**]. **D2**

YES

NO

Go to **D11** (Criteria for MDD)

D3 B. At least one Manic Episode(s) is not better explained by, and is not superimposed on, Schizophrenia/Schizoaffective Disorder. **D3**

YES

NO

Go to **D11** (Criteria for MDD)

BIPOLAR I DISORDER

Continue with **D17** (Bipolar I Chronology), **next page**.

CRITERIA FOR MAJOR DEPRESSIVE DISORDER

D11 A.-C. At least one Major Depressive Episode (**A12**) in the past year. **D11**

YES

NO

Go to **E1** (Substance Use Disorder) **page 38**.

D12 D. The Major Depressive Episode is not better explained by, and is not superimposed on, Schizophrenia/Schizoaffective Disorder. **D12**

YES

NO

Go to **E1** (Substance Use Disorders) **page 38**.

D13 E. There has never been a Manic Episode. [Note: DSM-5 also requires that there has never been a hypomanic episode as well]
Note: This exclusion does not apply if all of the manic-like episodes are substance/medication-induced or are attributable to the physiological effects of another medical condition. **D13**

YES

NO

MAJOR DEPRESSIVE DISORDER
Check here ____ if onset after January 2020
Continue with **D24** (Depressive Chronology), **next page**

Bipolar I Disorder should have been previously diagnosed. Go back to **D2** (Criteria for Bipolar I Disorder), **above**.

D13a

MOOD CHRONOLOGY

D17	→ For BIPOLAR I DISORDER ,	Has met symptomatic criteria for a Manic Episode in the past year	NO YES ↓	D17
<p>Diagnose: Bipolar I Disorder, manic. Check here ___ if onset after January 2020 Continue with E1 (Substance Use Disorders), next page.</p>		D17a		
		Has met symptomatic criteria for a Major Depressive Episode in the past year and for a Manic Episode prior to the past year (bipolar depression)	NO YES ↓	D18
<p>Diagnose: Bipolar I Disorder, depressed / Check here ___ if onset after January 2020 Continue with E1 (Substance Use Disorders), next page.</p>		D18a		
D24	→ For MAJOR DEPRESSIVE DISORDER :	Has met symptomatic criteria for a Major Depressive Episode in the past year.	NO YES ↓	D24
<p>Diagnose: Major Depressive Disorder Check here ___ if onset after January 2020 Continue with E1 (Substance Use Disorders), next page.</p>		D24a		

E. SUBSTANCE USE DISORDERS

Alcohol Use Disorder (Past 12 Months)

<p>IF E1 in Overview is coded "YES" i.e., at least six drinking events in past year), continue with E2. Otherwise, continue with E23 (Nonsubstance User Disorder), page 42.</p>		E1	
PAST-12-MONTH ALCOHOL USE DISORDER		ALCOHOL USE DISORDER CRITERIA	
<p>I'd now like to ask you some more questions about your drinking habits over the past 12 months, since (ONE YEAR AGO)....</p> <p>When were you drinking the most? During that time, how much were you drinking? What were you drinking? Beer? Wine? Hard liquor? How often were you drinking that much?</p>		<p>A. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:</p>	
E2	<p>During the past 12 months...</p> <p>...have you found that once you started drinking you ended up drinking much more than you <u>intended</u> to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?)</p> <p>IF NO: What about drinking for a much longer period of time than you were <u>intending</u> to?</p>	1. Alcohol is often taken in larger amounts OR over a longer period than was intended.	- + E2
E3	<p>(During the past 12 months)</p> <p>...have you wanted to stop, cut down, or control your drinking?</p> <p>→ IF YES: How long did this desire to stop, cut down, or control your drinking last?</p> <p>→ IF NO: During the past 12 months, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)</p>	2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.	- + E3
E4	<p>...have you spent a lot of time drinking, being drunk, or hung over? (How much time?)</p>	3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.	- + E4
E5	<p>(During the past 12 months)</p> <p>...have you had a strong desire or urge to drink in between those times when you were drinking? (Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?)</p> <p>IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?</p>	4. Craving, or a strong desire or urge to use alcohol.	- + E5

E6	<p>During the past 12 months, since (ONE YEAR AGO)...</p> <p>...have you missed work or school or often arrived late because you were intoxicated, high, or very hung over?</p> <p>IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out of school because of your drinking?</p> <p>IF NO: How about getting into trouble at work or school because of your use of alcohol?</p> <p>IF NO: How about not taking care of things at home because of your drinking, like making sure there are food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?</p> <p>IF YES TO ANY: How often?</p>	<p>5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household].</p>	<p>— +</p>	E6
E7	<p>(During the past 12 months)</p> <p>...has your drinking caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about what happens when you drink too much? Have you gotten into physical fights when you were drunk?)</p> <p>IF YES: Did you keep on drinking anyway? (Over what period of time?)</p>	<p>6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [e.g., arguments with spouse about consequences of intoxication, physical fights].</p>	<p>— +</p>	E7
E8	<p>...have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?</p>	<p>7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.</p>	<p>— +</p>	E8
E9	<p>(During the past 12 months)</p> <p>...have you ever had a few drinks right before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?</p> <p>IF YES: Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?</p> <p>IF YES AND UNKNOWN: How many times? (When?)</p>	<p>8. Recurrent alcohol use in situations in which it is physically hazardous [e.g., driving an automobile or operating a machine when impaired by alcohol use].</p>	<p>— +</p>	E9
E10	<p>(During the past 12 months)</p> <p>...has your drinking caused you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking?</p>	<p>9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption].</p>	<p>— +</p>	E10

<p>Has your drinking caused significant physical problems or made a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?</p>				
<p>E11</p>	<p>During the past 12 months, since (ONE YEAR AGO)...</p> <p>...have you ever found that you needed to drink much more in order to get the feeling you wanted than you did when you first started drinking?</p> <p>IF YES: How much more?</p> <p>IF NO: What about finding that when you drank the same amount, it had much less effect than before? (How much less?)</p>	<p>10. Tolerance, as defined by either of the following:</p> <p>a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.</p> <p>b. A markedly diminished effect with continued use of the same amount of alcohol.</p>	<p>— +</p>	<p>E11</p>
<p>E12</p>	<p>(during the past 12 months...)</p> <p>...have you ever had any withdrawal symptoms, in other words felt sick when you cut down or stopped drinking?</p> <p>IF YES: What symptoms did you have? (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)</p> <p>IF NO: Have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?</p>	<p>11. Withdrawal, as manifested by either of the following:</p> <p>a. [At least TWO] of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use that has been heavy and prolonged:</p> <ol style="list-style-type: none"> 1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm) 2. Increased hand tremor 3. Insomnia 4. Nausea or vomiting 5. Transient visual, tactile, or auditory hallucinations or illusions 6. Psychomotor agitation 7. Anxiety 8. Generalized tonic-clonic seizures <p>b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.</p>	<p>— +</p>	<p>E12</p>

E13	<p>IF UNCLEAR: When did (ABOVE CRITERION A SXS [E2–E12] RATED “+”) occur? (Did they all happen within the past 12 months?)</p>	<p>AT LEAST TWO OF THE ABOVE ALCOHOL USE CRITERION A SXS (E2–E12) ARE RATED “+” AND SXS OCCURRED WITHIN THE PAST 12 MONTHS.</p>	<p>NO YES</p> <p>↓</p> <p>Go to E23 (Nonalcohol Substance Use Disorder), next page</p>	E13
E13a	<p>IF UNKNOWN: Are you taking any medications or other health remedies because of your drinking problem? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor because of your drinking problem? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for your drinking problem? Tell me about that.</p> <p>IF UNCLEAR: What effect has your drinking had on your life in the past year, since (12 MONTHS AGO)?</p> <p>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</p> <p>How has your drinking affected your relationships or your interactions with other people? (Has your drinking caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How has your drinking affected your work/schoolwork? (How about your attendance at work/school? Has your drinking made it more difficult to do your work/schoolwork? Has your drinking affected the quality of your work/schoolwork?)</p> <p>How has your drinking affected your ability to take care of things at home? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?</p> <p>Has your drinking affected any other important part of your life over the past year?</p> <p><i>IF DOES NOT INTERFERE WITH LIFE: In the past year, how much have you been bothered or upset by your drinking or about the problems associated with your drinking?</i></p>	<p>The problematic pattern of alcohol use has caused clinically significant impairment or distress</p> <p>Treatment for sx: Code “+” if “YES” to any of the first three questions.</p> <p>Impairment due to sx: Code “+” if judged to be moderate or greater</p> <p>Distress: Code “+” if judged to be moderate or greater</p>	<p>– +</p> <p>↓</p> <p>Go to E23 (Nonalcohol Substance Use Disorder), next page</p>	E13a
<p>Diagnose: Alcohol Use Disorder Check here ___ if onset after January 2020</p> <p>Mild: If 2–3 symptoms.</p> <p>Moderate: If 4–5 symptoms.</p> <p>Severe: If 6 or more symptoms.</p> <p>Continue with E23 (Nonalcohol Substance Use Disorder), next page.</p>			E13b	

Nonalcohol Substance Use Disorder (Past 12 Months)

IF ANY CLASS OF ILLEGAL OR RECREATIONAL DRUGS WAS USED AT LEAST SIX TIMES WITHIN THE PAST 12 MONTHS OR PRESCRIBED/OTC MEDICATIONS WERE ABUSED OVER THE PAST 12 MONTHS (E.G., TAKING MORE THAN PRESCRIBED OR RECOMMENDED, DOCTOR SHOPPING TO GET PRESCRIPTIONS), I.E., ON PAGE 8 OF THE OVERVIEW, ANY OF **E15, E16, E17, or E18** ARE CODED "YES", Continue with **E23** (Past-12-Month Nonalcohol Substance Use Disorder), below.

OTHERWISE (I.E., NO DRUG USED AT LEAST SIX TIMES AND NO EVIDENCE OF PRESCRIPTION/OTC MEDICATION ABUSE), GO TO **F42** (GAD), page 50.

PAST-12-MONTH NONALCOHOL SUBSTANCE USE DISORDER	SUBSTANCE USE DISORDER CRITERIA
<p>E23</p> <p>I'd now like to ask you some more questions about your use of (DRUG CLASS[ES] AT SCREENING THRESHOLD) in the past 12 months.</p> <p>FOR EACH DRUG CLASS AT THRESHOLD: During the past 12 months, when were you taking (SUBSTANCE) the most? How long did that period last? How much were you using? How often?</p>	<p>A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:</p>
<p>E24</p> <p>During the past 12 months...</p> <p>...have you found that once you started using (DRUG) you ended up using much more than you <u>intended</u> to? For example, you planned to have (SMALL AMOUNT OF DRUG) but you ended up having much more. (Tell me about that. How often did that happen?)</p> <p>IF NO: What about using (DRUG) for a much longer period of time than you were <u>intending</u> to?</p>	<p>1. The substance is often taken in larger amounts OR over a longer period than was intended.</p>

SEDATIVE/
HYPNOTIC/ANX

CANNABIS

STIMULANTS

OPIOIDS

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E24

<p>E25</p> <p>(During the past 12 months)</p> <p>...have you wanted to stop or cut down using (DRUG), or control your use of (DRUG)?</p> <p>▶ IF YES: How long did this desire to stop, cut down, or control your use of (DRUG) last?</p> <p>▶ IF NO: During the past year, did you ever try to cut down, stop, or control your use of (DRUG)? How successful were you? (Did you make more than one attempt to stop, cut down, or control your use of (DRUG)?)</p>	<p>2. There is a persistent desire OR unsuccessful efforts to cut down or control substance use.</p>
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SEDATIVE/
HYPNOTIC/ANX

CANNABIS

STIMULANTS

OPIOIDS

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E25

E26	(During the past 12 months)	3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	
	<p>...have you spent a lot of time getting (DRUG) or using (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)</p>		

SEDATIVE/
HYPNOTIC/ANX

CANNABIS

STIMULANTS

OPIOIDS

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E26

E27	(During the past 12 months)	4. Craving, or a strong desire or urge to use the substance.	
	<p>...have you had a strong desire or urge to use (DRUG) In between those times when you were using (DRUG)? (Has there been a time when you had such strong urges to use (DRUG) that you had trouble thinking about anything else?)</p> <p>IF NO: How about having a strong desire or urge to use (DRUG) when you were around people with whom you have used (DRUG)?</p>		

SEDATIVE/
HYPNOTIC/ANX

CANNABIS

STIMULANTS

OPIOIDS

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E27

E28	During the past 12 months, since (ONE YEAR AGO)...	5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).	
	<p>...have you missed work or school or often arrived late because you were intoxicated, high, or recovering from the night before?</p> <p>IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out of school because of your use of (DRUG)?</p> <p>IF NO: How about getting into trouble at work or school because of your use of (DRUG)?</p> <p>IF NO: How about not taking care of things at home because of your use of (DRUG), like making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?</p> <p>IF YES TO ANY: How often?</p>		

SEDATIVE/
HYPNOTIC/ANX

CANNABIS

STIMULANTS

OPIOIDS

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E28

E29	<p>(During the past 12 months)</p> <p>...has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Have you found yourself regularly getting into arguments about your [DRUG] use? Have you gotten into physical fights when you were taking [DRUG]?)</p> <p>IF YES: Did you keep on using (DRUG) anyway? (Over what period of time?)</p>	<p>6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).</p>											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SEDATIVE/ HYPNOTIC/ANX</td> <td style="width: 25%;">CANNABIS</td> <td style="width: 25%;">STIMULANTS</td> <td style="width: 25%;">OPIOIDS</td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>	SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	+	+	+	+	-	-	-	-
SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS										
+	+	+	+										
-	-	-	-										

E30	<p>(During the past 12 months)</p> <p>...have you had to give up or reduce the time you spent at work, with family or friends, or on your hobbies because you were using (DRUG) instead?</p>	<p>7. Important social, occupational, or recreational activities given up or reduced because of substance use.</p>											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SEDATIVE/ HYPNOTIC/ANX</td> <td style="width: 25%;">CANNABIS</td> <td style="width: 25%;">STIMULANTS</td> <td style="width: 25%;">OPIOIDS</td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>	SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	+	+	+	+	-	-	-	-
SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS										
+	+	+	+										
-	-	-	-										

E31	<p>(During the past 12 months)</p> <p>...have you ever gotten high before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?</p> <p>→ IF YES (FOR SUBSTANCES OTHER THAN STIMULANTS): Would you say that your use of (DRUG) affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?</p> <p>→ IF YES (FOR STIMULANTS ONLY): Would you say that your being high on (STIMULANT DRUG) made you drive recklessly like driving very fast or taking unnecessary risks?</p> <p>IF YES TO EITHER OF ABOVE AND IF UNKNOWN: How many times?</p>	<p>8. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).</p>											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SEDATIVE/ HYPNOTIC/ANX</td> <td style="width: 25%;">CANNABIS</td> <td style="width: 25%;">STIMULANTS</td> <td style="width: 25%;">OPIOIDS</td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>	SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	+	+	+	+	-	-	-	-
SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS										
+	+	+	+										
-	-	-	-										

E32

<p>During the past 12 months, since (ONE YEAR AGO)...</p> <p>...has your use of (DRUG) caused you any problems like making you very depressed, anxious, paranoid, very irritable, or extremely agitated? What about triggering panic attacks, making it difficult for you to sleep, putting you into a “mental fog,” or making it so you couldn’t recall what happened while you were using (DRUG)?</p> <p>Has your use of (DRUG) ever caused physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?</p>	<p>9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression).</p>	
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SEDATIVE/
HYPNOTIC/ANX

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CANNABIS

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STIMULANTS

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OPIOIDS

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E32

E33

<p>(During the past 12 months)</p> <p>...have you found that you needed to use much more (DRUG) in order to get the feeling you wanted than when you first started using it?</p> <p>→ IF YES: How much more?</p> <p>→ IF NO: What about finding that when you used the same amount, it had much less effect than before?</p> <p>IF PRESCRIBED MEDICATION: Were you taking (DRUG) exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever go to more than one doctor in order to get the amount of medication you wanted?)</p>	<p>10. Tolerance, as defined by either of the following:</p> <p>a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.</p> <p>b. Markedly diminished effect with continued use of the same amount of the substance.</p>	
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SEDATIVE/
HYPNOTIC/ANX

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CANNABIS

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STIMULANTS

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OPIOIDS

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E33

E34	<p>Have you ever had any withdrawal symptoms, in other words felt sick when you cut down or stopped using (DRUG)?</p> <p>▶ IF YES: What symptoms did you have? (Refer to List of Withdrawal Symptoms on <i>page 49</i>.)</p> <p>▶ IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it or something like it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)?</p> <p>IF PRESCRIBED MEDICATION: Were you taking this exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever have to go to more than one doctor to make sure you didn't run out?)</p>	<p>11. Withdrawal, as manifested by either of the following:</p> <p>a. The characteristic withdrawal syndrome for the substance [see page 49].</p> <p>b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.</p> <p><i>NOTE: This criterion applies to use of the following: sedatives, hypnotics, or anxiolytics; cannabis; stimulants/cocaine; and opioids.</i></p> <p><i>NOTE: This criterion is not considered met for individuals taking opioids; sedatives, hypnotics, or anxiolytics; or stimulant medications solely under medical supervision.</i></p>
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SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	E34
+	+	+	+	
-	-	-	-	

FOR EACH SUBSTANCE CLASS, **CODE “+”** IF AT LEAST TWO OF THE SUBSTANCE USE DISORDER CRITERIA A SXS (**E24–E34**) ARE RATED “+” AND SXS OCCURRED WITHIN THE PAST 12 MONTHS.

E35	SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	E35
	+	+	+	+	
	-	-	-	-	

IF ANY OF THE DRUG CLASSES ARE CODED “+,” GO TO **E35a** ON THE NEXT PAGE. OTHERWISE, GO TO **F42 (GAD)**, **page 50**.

E35a	<p>IF UNKNOWN: Are you taking any medications or other health remedies because of your (DRUG) problem? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor because of your (DRUG) problem? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for your (DRUG) problem? Tell me about that.</p> <p>IF UNCLEAR: What effect has your use of (DRUG) had on your life? In the past year, since (12 MONTHS AGO)?</p> <p>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</p> <p>How has your use of (DRUG) affected your relationships or your interactions with other people? (Has your use of (DRUG) caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How has your use of (DRUG) affected your work/schoolwork? (How about your attendance at work/school? Has your use of [DRUG] made it more difficult to do your work/schoolwork? Has your use of [DRUG] affected the quality of your work/schoolwork?)</p> <p>How has your use of (DRUG) affected your ability to take care of things at home? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?</p> <p>Has your use of (DRUG) affected any other important part of your life?</p> <p><i>IF DOES NOT INTERFERE WITH LIFE: During the past 12 months, since (12 MONTHS AGO), how much have you been bothered or upset by your use of (DRUG)?</i></p>	<p>The problematic pattern of substance use causes clinically significant impairment or distress.</p> <p>Treatment for sx: Code "+" if "YES" to any of the first three questions.</p> <p>Impairment due to sx: Code "+" if judged to be moderate or greater</p> <p>Distress: Code "+" if judged to be moderate or greater</p>	<p>— +</p>
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SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS
+	+	+	+
-	-	-	-

E35a

E36a_1

Diagnose based on drug class and number of symptoms; indicating the diagnosis by checking the specific substance use disorder(s) box(es) and severity level(s) below:

E36

Sedative, Hypnotic, or Anxiolytic Use Disorder

Check here ___ if onset after January 2020

Specific drug used: _____

E36a

- Mild:** If 2–3 symptoms
- Moderate:** If 4–5 symptoms
- Severe:** If 6 or more symptoms

E37

Cannabis Use Disorder

Check here ___ if onset after January 2020

Specific drug used: _____

E37a

- Mild:** If 2–3 symptoms
- Moderate:** If 4–5 symptoms
- Severe:** If 6 or more symptoms

E38

Stimulant Use Disorder (including amphetamines, cocaine, and other stimulants)

Check here ___ if onset after January 2020

Specific drug used: _____

E38a

- Mild:** If 2–3 symptoms
- Moderate:** If 4–5 symptoms
- Severe:** If 6 or more symptoms

E39

Opioid Use Disorder

Check here ___ if onset after January 2020

Specific drug used: _____

E39a

- Mild:** If 2–3 symptoms
- Moderate:** If 4–5 symptoms
- Severe:** If 6 or more symptoms

Continue with **F42** (Generalized Anxiety Disorder), **page 50**.

List of Withdrawal Symptoms (from DSM-5 criteria for specific substance withdrawal diagnoses)

Listed below are the characteristic withdrawal syndromes for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (*NOTE: A specific withdrawal syndrome has not been identified for PCP, HALLUCINOGENS, and INHALANTS.*) Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

SEDATIVES, HYPNOTICS, OR ANXIOLYTICS

Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) sedative, hypnotic, or anxiolytic use that has been heavy and prolonged:

1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm).
2. Hand tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations or illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Grand mal seizures.

CANNABIS

Three (or more) of the following signs and symptoms developing within approximately 1 week after cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months):

1. Irritability, anger, or aggression.
2. Nervousness or anxiety.
3. Sleep difficulty (e.g., insomnia, disturbing dreams).
4. Decreased appetite or weight loss.
5. Restlessness.
6. Depressed mood.
7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

STIMULANTS/COCAINE

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation of (or reduction in) prolonged amphetamine-type substance, cocaine, or other stimulant use:

1. Fatigue.
2. Vivid, unpleasant dreams.
3. Insomnia or hypersomnia.
4. Increased appetite.
5. Psychomotor retardation or agitation.

OPIOIDS

Three (or more) of the following, developing within minutes to several days after cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e., several weeks or longer) or after administration of an opioid antagonist after a period of opioid use:

1. Dysphoric mood.
2. Nausea or vomiting.
3. Muscle aches.
4. Lacrimation or rhinorrhea (runny nose).
5. Pupillary dilation, piloerection [{"goose bumps"}], or sweating.
6. Diarrhea.
7. Yawning.
8. Fever.
9. Insomnia.

GENERALIZED ANXIETY DISORDER (PAST YEAR)		GENERALIZED ANXIETY DISORDER CRITERIA	
<p>F42</p> <p>[IF UNBLINDGAD = YES] In your earlier interview you mentioned that you have had times in the past year when you felt worried, nervous or anxious for a lot of the time. I'd like to ask you some more questions about those times.</p> <p>[ALL] Over the past 12 months, since (12 MONTHS AGO), have you been feeling anxious and worried for a lot of the time? (Tell me about that.)</p> <p>What kinds of things have you worried about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else have you worried about?</p> <p>Have you worried about (EVENTS OR ACTIVITIES) even when there was no reason? (Have you worried more than most people would in your circumstances? Has anyone else thought you worried too much? Have you worried more than you should have given your actual circumstances?)</p> <p>During the last 12 months, has there been a period of time lasting at least 6 months in which you have been worrying more days than not?</p>	<p>A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).</p>	<p>— +</p> <p>↓</p> <p>Go to G1 (OCD), page 54.</p>	<p>F42</p>
<p>F43</p> <p>When you're worrying this way, have you found that it's hard to stop yourself or to think about anything else?</p>	<p>B. The individual finds it difficult to control the worry.</p>	<p>— +</p> <p>↓</p> <p>Go to G1 (OCD), page 54.</p>	<p>F43</p>
<p>F44</p> <p>Now I am going to ask you some questions about symptoms that often go along with being nervous or worried.</p> <p>Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...</p>	<p>C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):</p>		<p>F44</p>
<p>F45</p> <p>...have you often felt physically restless, like you couldn't sit still?</p>	<p>1. Restlessness or feeling keyed up or on edge.</p>	<p>— +</p>	<p>F45</p>
<p>F46</p> <p>(Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...) ...have you often felt keyed up or on edge?</p>			<p>F46</p>
<p>F47</p> <p>...have you often tired easily?</p>	<p>2. Being easily fatigued.</p>	<p>— +</p>	<p>F47</p>
<p>F48</p> <p>(Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...) ...have you often had trouble concentrating or has your mind often gone blank?</p>	<p>3. Difficulty concentrating or mind going blank.</p>	<p>— +</p>	<p>F48</p>

F49	...have you often been irritable?	4. Irritability.	- +	F49
F50	...have your muscles often been tense?	5. Muscle tension.	- +	F50
F51	...have you often had trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?	6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).	- +	F51
F52		AT LEAST THREE OF THE ABOVE CRITERION C SXS (F45–F51) ARE RATED "+".	- + ↓	F52
Go to G1 (OCD), page 54.				
F53	<p>IF UNKNOWN: Are you taking any medications or other health remedies because of (GAD SXS)? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (GAD SXS)? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for (GAD SXS)? Tell me about that.</p> <p>IF NO TO ALL OF ABOVE AND UNCLEAR: What effect have (GAD SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY IF NEEDED</u>:</p> <p>How have (GAD SXS) affected your relationships or your interactions with other people? (Have [GAD SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How have (GAD SXS) affected your work/schoolwork? (How about your attendance at work/school? Have [GAD SXS] made it more difficult to do your work/schoolwork? Have [GAD SXS] affected the quality of your work/schoolwork?)</p> <p>How have (GAD SXS) affected your ability to take care of things at home? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?</p> <p>Has your anxiety or worry affected any other important part of your life?</p> <p>IF IMPAIRMENT JUDGED TO BE MILD OR LESS: How much have you been bothered or upset by having (GAD SXS)?</p>	<p>D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>Treatment for sxs: Code "+" if "YES" to any of the first three questions.</p> <p>Impairment due to sxs: Code "+" if judged to be moderate or greater</p> <p>Distress: Code "+" if judged to be moderate or greater</p>	- + ↓	F53
Go to G1 (OCD), page 54.				

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F55

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F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive-Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, reminders of traumatic events in Posttraumatic Stress Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder, having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).

NO YES
↓ ↓
Go to G1 (OCD), next page.

F55

Diagnose: Generalized Anxiety Disorder, Past 12 Months.
Check here ___ if onset after January 2020
Continue with G1 (Obsessive-Compulsive Disorder), next page.

F55a

	OBSESSIVE-COMPULSIVE DISORDER (PAST YEAR)	OBSESSIVE-COMPULSIVE DISORDER CRITERIA
	<p>In the past year, since (12 MONTHS AGO)...</p>	<p>A. Presence of obsessions, compulsions, or both:</p> <p>Obsessions are defined by (1) and (2):</p>
G1	<p>...have you been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way? (What were they?)</p> <p>How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one? (What were they?)</p> <p>How about having images popping into your head that you didn't want, like violent or horrible scenes or something of a sexual nature? (What were they?)</p> <p>IF YES TO ANY OF ABOVE: Have these (THOUGHTS/URGES/IMAGES) made you very anxious or upset?</p>	<p>1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.</p>
	<p>When you had these (THOUGHTS/URGES/IMAGES) did you try hard to get them out of your head? (What would you try to do?)</p>	<p>2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).</p>
G2		<p>Go to G3 (Compulsions), below.</p> <p>OBSESSIONS</p> <p>Go to G3 (Compulsions), below.</p>
	<p>Compulsions are defined by (1) and (2):</p>	
G3	<p>In the past year since (12 MONTHS AGO), was there anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right?</p> <p>Tell me about that. (What did you have to do?)</p>	<p>1. Repetitive behaviors (e. g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.</p>
	<p>IF UNCLEAR: Why did you have to do (COMPULSIVE ACT)? What would happen if you didn't do it?</p> <p>IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? Are you doing (COMPULSIVE ACT) more than really makes sense?</p>	<p>2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.</p>
G4		<p>Go to G5, next page.</p> <p>COMPULSIONS</p> <p>Go to G5, next page.</p>

G5	<p>CHECK FOR OBSESSIONS AND/OR COMPULSIONS</p>	<p>PRESENCE OF OBSESSIONS (G2 RATED "+") OR COMPULSIONS (G4 RATED "+")</p>	<p>NO YES ↓ Go to G9 (PTSD), page 56.</p>	G5
G6	<p>IF UNCLEAR: How much time have you spent on (OBSESSION OR COMPULSION)?</p> <p>IF UNKNOWN: Are you taking any medications or other health remedies because of (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNCLEAR: What effect did these (OBSESSIONS OR COMPULSIONS) have on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your relationships or your interactions with other people? (Have [OBSESSIONS OR COMPULSIONS] caused you any problems in your relationships with your family, romantic partner, roommates, or friends?)</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your work/school? (How about your attendance at work/school? Have [OBSESSIONS OR COMPULSIONS] made it more difficult to do your work/schoolwork? Have [OBSESSIONS OR COMPULSIONS] affected the quality of your work/schoolwork?)</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your ability to take care of things at home? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies?</p> <p>Have (OBSESSIONS OR COMPULSIONS) affected any other important part of your life?</p> <p>IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered by having (OBSESSIONS OR COMPULSIONS)?</p>	<p>B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning</p> <p>Treatment for sx: Code "+" if "YES" to any of the first three questions.</p> <p>Impairment due to sx: Code "+" if judged to be moderate or greater</p> <p>Distress: Code "+" if judged to be moderate or greater</p>	<p>- + ↓ Go to G9 (PTSD) page 56.</p>	G6
			G7a	

Diagnose Obsessive Compulsive Disorder, Past 12 Months. Check here ___ if onset after January 2020. Continue with G9 (PTSD), next page

POSTTRAUMATIC STRESS DISORDER	
<p>[IF UNBLINDPTSD = YES] In your earlier interview you mentioned having one or more highly stressful experiences in your life. I'd like to ask you some more questions about those experiences.</p> <p>[ALL]</p> <p>I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.</p> <p>SCREEN FOR EACH TYPE OF TRAUMA. IF EVENT HAPPENED WITHIN THE PAST MONTH, INQUIRE IF THERE WAS ANOTHER EVENT OF THIS TYPE THAT HAPPENED PRIOR TO THE LAST MONTH.</p>	
<p>Have you ever been in a life-threatening situation like a major disaster or fire, in combat, or a serious car or work-related accident?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>What about being physically assaulted or abused, or threatened with physical assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>What about being sexually assaulted or abused, or threatened with sexual assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>Have you ever seen another person killed or dead, or badly hurt?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>How about learning that one of these things happened to someone you are close to?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>IF UNKNOWN: Have you ever been the victim of a serious crime?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>IF NO EVENTS ENDORSED: What would you say has been the most stressful or traumatic experience you have had over your life?</p>	
<p>IF NO EVENTS ACKNOWLEDGED, CONTINUE WITH H1 (Anorexia Nervosa), page 67.</p>	

G9

G9a

G9b

G9c

G9d

G9e

G9f

G9g

G9h

G10

IF MORE THAN ONE EVENT REPORTED: **Which of (EVENTS REPORTED ABOVE) would you say has affected you the most or caused you the most problems during the past 12 months, since (12 MONTHS AGO)?**

ASK AS MANY QUESTIONS **AS NEEDED** TO DETERMINE WHETHER TRAUMA MEETS CRITERION A REQUIREMENTS

IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)

IF EVENT DOES NOT MEET CRITERION A, THEN EVALUATE NEXT MOST IMPACTFUL EVENT UNTIL AN EVENT MEETS CRITERION A. IF NO EVENTS MEET CRITERION A, THEN CODE "--" AND SKIP TO NEXT SECTION PAGE 67.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

INDICATE EVENT THAT AFFECTED RESPONDENT THE MOST AND MEETS CRITERION A, THEN CONTINUE WITH NEXT PAGE:

CRITERION A EVENT #1:

IF NEEDED TO REPEAT QUESTIONS, RECORD APPLICABLE TRAUMATIC EVENTS BELOW, THEN CONTINUE WITH QUESTIONS ON NEXT PAGE:

CRITERION A EVENT #2:

CRITERION A EVENT #3:

— +

G10

Continue with questions on Page 58 for this traumatic event.

Skip to next section, Page 67

	<p>G13_2</p> <p>DETERMINE WORST MONTH WITHIN THE PAST YEAR IN TERMS OF SEVERITY OF THE REACTION SEPARATELY FOR EACH SELECTED TRAUMA:</p> <p>→ IF SELECTED TRAUMATIC EVENT OCCURRED <u>PRIOR TO</u> THE PAST YEAR: In the past year, since (12 MONTHS AGO), have you had thoughts about (SELECTED TRAUMATIC EVENT) that kept coming back to you even when you didn't want to think about them?</p> <p>→ IF SELECTED TRAUMATIC EVENT OCCURRED DURING THE PAST YEAR: Since (TRAUMATIC EVENT), have you had thoughts about (SELECTED EVENT) that kept coming back to you even when you didn't want to think about them?</p> <p>How about bad dreams about (TRAUMATIC EVENT[S]) or the feeling that you were back in the situation again?</p> <p>What about getting physical symptoms—like breaking out in a sweat, or your heart pounding or racing-- or feeling very upset when something or someone reminded you of (TRAUMATIC EVENT)?</p> <p><i>NOTE: IF RESPONDENT HAS EXPERIENCED NO PTSD ISSUES OR SXS FOR THE PAST 12 MONTHS, CODE “-“ TO SKIP TO THE NEXT MODULE.</i></p>	<p>—</p> <p>+</p> <p>↓</p>		
	<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>→ IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 67</p>			
	<p>G13_3</p> <p>DETERMINE WORST MONTH WITHIN THE PAST YEAR IN TERMS OF REACTION TO THE TRAUMA</p> <p>IF YES TO ANY G13_1: During the past year, during which month would you say that (ACKNOWLEDGED PTSD SXS) happened the most often or were the most upsetting to you?</p> <p>REFER TO <u>THAT PARTICULAR MONTH</u> FOR THE FOLLOWING QUESTIONS. IF NO ONE PARTICULAR MONTH STANDS OUT AS MOST SEVERE, USE INSTEAD PAST MONTH FOR THE FOLLOWING QUESTIONS.</p> <p>Indicate month chosen: _____</p>			
G13	<p>Now I'd like to ask a few questions about specific ways that (TRAUMATIC EVENT) may have affected you during [MONTH SELECTED ABOVE].</p> <p>For example, during that month...</p>	<p>B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p>		
G14	<p>...did you had memories of (TRAUMATIC EVENT), including feelings, physical sensations, sounds, smells, or images, when you didn't expect to or want to? How often did that happen during (MONTH)?</p>	<p>1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).</p>	<p>— +</p>	G14
G15	<p>...what about repeatedly having upsetting dreams that reminded you of (TRAUMATIC EVENT)? Tell me about that. How often did this happen during (MONTH)?</p>	<p>2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic events.</p>	<p>— +</p>	G15

Continue with questions below for this traumatic event.

G16	<p>...what about have found yourself acting or feeling as if you were back in the situation? (Have you had “flashbacks” of [TRAUMATIC EVENT]?)</p>	<p>3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)</p>	<p>— +</p>	G16
<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you have a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)?</p> <p>Give me some examples of the kinds of things that would have triggered this reaction. (Things like...seeing a person who resembles the person who attacked you, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat, any kind of physically intimacy if you were raped?)</p> <p>NOTE: IF DENIES EMOTIONAL OR PHYSICAL REACTION TO REMINDERS, CODE “—” FOR BOTH G17 (EMOTIONAL REACTION) AND G18 (PHYSICAL REACTION).</p>				
G17	<p>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away? (For how long do the symptoms last?)</p>	<p>4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p>— +</p>	G17
G18	<p>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What about having physical symptoms—like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of (TRAUMATIC EVENT)? How about feeling tense or shaky?</p>	<p>5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p>— +</p>	G18
G19	<p>AT LEAST ONE OF THE ABOVE CRITERION B SXS (G14–G18) IS RATED “+”.</p>		<p>NO YES</p> <p>↓ ↓</p>	G19
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p>				
<p>→ IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 67</p>				
			<p>Continue with questions on Page 60 for this traumatic event.</p>	

	During (MONTH SELECTED ABOVE)...	C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:		
G20	<p>...did you do things to avoid remembering or thinking about (TRAUMATIC EVENT), like keeping yourself busy, distracting yourself by playing computer or video games or watching TV, or using drugs or alcohol to “numb” yourself or try to forget what happened? How long did this go on? (Did this happen for almost all the time during (MONTH SELECTED ABOVE)?</p> <p>IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)? (Has this happened for almost all the time during (MONTH SELECTED ABOVE)?</p>	1. Avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).	— +	G20
G21	<p>...were there things, places, or people that you tried to avoid because they brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)? (Was this for almost all the time during (MONTH SELECTED ABOVE)?</p> <p>IF NO: How about avoiding certain activities, situations, or topics of conversation? (Did this happen for almost all the time during (MONTH SELECTED ABOVE)?</p>	2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations), that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).	— +	G21
G22		AT LEAST ONE OF THE ABOVE CRITERION C SXS (G20–G21) IS RATED “+”.	<p>NO YES</p> <p>↓ ↓</p> <p>Continue with questions on Page 61 for this traumatic event.</p>	G22
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>▶ IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>▶ IF NO: Skip to H1 (Anorexia Nervosa), p. 67</p>				

	<p>D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p>			
<p>G23</p>	<p>...Were you unable to remember some important part of what happened? (Tell me about that.) How many times did this happened?</p> <p>IF YES: Did you get a head injury during (TRAUMATIC EVENT)? Were you drinking a lot or were taking any drugs at the time of (TRAUMATIC EVENT)?</p>	<p>1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).</p>	<p>— +</p>	<p>G23</p>
<p>G24</p>	<p>.....was there a change in how you thought about yourself? (Like feeling you were “bad,” or permanently damaged or “broken”?) Tell me about that. How long did ou feel this way about yourself? (Did you feel this way almost all of the time during (MONTH SELECTED)?)</p> <p>IF NO: Was there been a change in how you see other people or the way the world works? Like you couldn’t trust anyone anymore? Like the world was a completely dangerous place? Tell me about that. How long did you think this way? Did you feel this way almost all of the time during (MONTH SELECTED)?)</p>	<p>2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).</p>	<p>— +</p>	<p>G24</p>
<p>G25</p>	<p>...did you blame yourself for the (TRAUMATIC EVENT) or how it affected your life? (Like thinking that [TRAUMATIC EVENT] was your fault or that you should have done something to prevent it? Like thinking that you should have gotten over it by now?)</p> <p>→ IF YES: Tell me about it. Did you think this way about yourself almost all of the time during (MONTH SELECTED)?</p> <p>→ IF NO: Did you blame someone else for (TRAUMATIC EVENT)? Tell me about that. (What did they have to do with [TRAUMATIC EVENT]?) Did you think this way almost all of the time during (MONTH SELECTED)?</p>	<p>3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.</p>	<p>— +</p>	<p>G25</p>

G26	<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you have bad feelings a lot of the time, like feeling sad, angry, afraid, guilty, ashamed, or numb? (Tell me about that.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p>	<p>4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).</p>	<p>— +</p>	G26
G27	<p>...were you a lot less interested in things that you were interested in before (TRAUMATIC EVENT), like spending time with family or friends, reading books, watching TV, cooking, or sports? (Tell me about that.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF NO LOSS OF INTEREST: Were you still doing as many activities as you were before (TRAUMATIC EVENT)? (Were you involved in fewer activities almost all of the time during (MONTH SELECTED)?</p>	<p>5. Markedly diminished interest or participation in significant activities.</p>	<p>— +</p>	G27
G28	<p>...did you feel distant or disconnected from others or did you close yourself off from other people almost all of the time during (MONTH SELECTED)? (Tell me about that.)</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p> <p>Did you feel this way almost all of the time during (MONTH SELECTED)?</p>	<p>6. Feelings of detachment or estrangement from others.</p>	<p>— +</p>	G28
G29	<p>...were you unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender toward other people? (Tell me about that.) How long were you unable to experience good feelings? (Were you unable to experience good feelings almost all of the time during (MONTH SELECTED)?</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p>	<p>7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).</p>	<p>— +</p>	G29

G30		AT LEAST TWO OF THE ABOVE CRITERION D SXS (G23–G29) ARE RATED “+”.	NO YES ↓ ↓ Continue with questions below for this traumatic event.	G30
HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED? IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met. IF NO: Skip to H1 (Anorexia Nervosa), p. 67				
During (MONTH SELECTED ABOVE)...		E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:		
G31	...did you lose control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?) How often did this happen during (SELECTED MONTH)? IF NO: Since (TRAUMATIC EVENT), were you more quick-tempered or have a shorter “fuse” than before? How often did this happen during (SELECTED MONTH)? IF YES TO EITHER: How different was this from the way you were before (TRAUMATIC EVENT)?	1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.	— +	G31
G32	...did you do reckless things, like drive dangerously, or drink or use drugs without caring about the consequences? How often did this happen during (SELECTED MONTH)? IF NO: How about hurting yourself on purpose or trying to kill yourself? (What did you do?) How often did this happen during (SELECTED MONTH)? IF YES TO EITHER: How different was this from the way you were before (TRAUMATIC EVENT)?	2. Reckless or self-destructive behavior. Note: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.	— +	G32

G33	<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you notice that you were more watchful or on guard? (Give me some examples.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF NO: Were you extra aware of your surroundings and your environment? Did you feel this way most of the time during (MONTH SELECTED)?</p> <p>IF YES TO ETIHER: How different was this from the way you were before (TRAUMATIC EVENT)?</p>	3. Hypervigilance.	- +	G33
G34	<p>...were you jumpy or easily startled, like by sudden noises? (Was this a change from before [TRAUMATIC EVENT]?) Did you feel this way most of the time during (MONTH SELECTED)</p>	4. Exaggerated startle response.	- +	G34
G35	<p>...did you have trouble concentrating? (What are some examples? (Was this a change from before [TRAUMATIC EVENT]?) Did you feel this way most of the time during (MONTH SELECTED)?</p>	5. Problems with concentration.	- +	G35
G36	<p>...how were you sleeping during (MONTH SELECTED)? (Was this a change from before [TRAUMATIC EVENT]?) Did you have trouble for most of the time during (MONTH SELECTED)?</p>	6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).	- +	G36
G37		AT LEAST TWO OF THE ABOVE CRITERION E SXS (G31–G36) ARE RATED “+”.	<p>NO YES</p> <p>↓ ↓</p>	G37
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p>			<p>Continue with questions on page 65 for this traumatic event.</p>	
<p>▶ IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>▶ IF NO: Skip to H1 (Anorexia Nervosa), p. 67</p>				

G38

IF UNCLEAR: About how long did these (PTSD SXS RATED "+") last altogether?

F. Duration of the disturbance [symptoms in Criteria B (G19), C (G22), D (G30), and E (G37)] is more than 1 month.

— +
↓ ↓

G38

Continue with questions below for this traumatic event.

HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?

- IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.
- IF NO: Skip to H1 (Anorexia Nervosa), p. 67

G39

IF UNKNOWN: Are you taking any medications or other health remedies because of (PTSD SXS)? Tell me about that.

IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (PTSD SXS)? Tell me about that.

IF UNKNOWN: Have other people suggested that you ought to seek help for (PTSD SXS)? Tell me about that.

IF UNCLEAR: What effect did (PTSD SXS DURING MONTH SELECTED) have on your life?

ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:

How did (PTSD SXS) affect your relationships or your interactions with other people? (Did [PTSD SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)

How did (PTSD SXS) affect your work/school? (How about your attendance at work/school? Did [PTSD SXS] make it more difficult to do your work/schoolwork? Did [PTSD SXS] affect the quality of your work/schoolwork?)

How did [PTSD SXS] affect your ability to take care of things at home? What about being involved in things that were important to you, like religious activities, physical exercise, or hobbies?

Did (PTSD SXS) affect any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much were you bothered or upset by (PTSD SXS)?

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatment for sx: Code "+" if "YES" to any of the first three questions.

Impairment due to sx: Code "+" if judged to be moderate or greater

Distress: Code "+" if judged to be moderate or greater

— +
↓ ↓

G39

Continue with questions on page 66 for this traumatic event.

HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?

- IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.
- IF NO: Skip to H1 (Anorexia Nervosa), p. 67

G40	<p>Were you drinking a lot or using a lot of drugs during (MONTH SELECTED)? Tell me about that.</p> <p>How much were you (drinking/using [DRUGS])? (Do you think your problems during [SELECTED MONTH] were more due to your [drinking/(DRUG) use] rather than to your reaction to [TRAUMATIC EVENT] itself?)</p>	<p>H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.</p>	<p>NO YES</p> <p>↓</p>	G40
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>→ IF YES: Go back to G10, page 57, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 67</p>				
G41		<p>CRITERIA B (G19), C (G22), D (G30), and E (G37) ARE RATED "YES" AND CRITERION G (G39) (CLINICAL SIGNIFICANCE) IS RATED "+"</p>	<p>NO YES</p> <p>↓</p>	G41
<p>Diagnose: Posttraumatic Stress Disorder (past year). Check here ___ if onset after January 2020 Go to H1 (Anorexia Nervosa), next page.</p>				
G41a				

ANOREXIA NERVOSA PAST YEAR		ANOREXIA NERVOSA CRITERIA			
H1	<p>Have you had a time over the past 12 months when you weighed much less than other people thought you ought to weigh?</p> <p><i>IF YES: Why was that? How much did you weigh? How old were you then? How tall were you?</i></p>	<p>Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 69</p>	H1	
H2	<p>At that time, were you very afraid that you could become fat?</p> <p><i>IF NO: Tell me about your eating habits. (Have you avoided high calorie foods or high fat foods? How strict are you about it? Have you ever thrown up after you eaten? How often? Do you exercise a lot after you eat?)</i></p>		<p>B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though underweight.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 69</p>	H2
H3	<p>At your lowest weight, did you still feel too fat or that part of your body was too fat?</p> <p><i>IF NO: Did you need to be very thin in order to feel better about yourself?</i></p> <p><i>IF NO AND LOW WEIGHT IS MEDICALLY SERIOUS: When you were that thin, did anybody tell you it could be dangerous to your health to be that thin? (What did you think?)</i></p>			<p>C. Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 69</p>

Diagnose: Anorexia Nervosa, Past 12 Months **Check here** ___ **if onset after January 2020**

Continue with Possible Association with COVID, page 69

Possible Etiologies for Manic Episodes:

Possibly etiological GMCs include Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease, Lewy body disease, Wernicke-Korsakoff syndrome, Cushing's disease, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's disease, Pick's disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, and hyperthyroidism.

Possibly etiological substance include alcohol (I/W); phencyclidine (I); hallucinogens (I); sedatives, hypnotics, and anxiolytics (I/W); amphetamines (I/W); cocaine (I/W);

Possibly etiological medications include corticosteroids; androgens; isoniazid; levodopa; interferon-alpha; varenicline; procarbazine; clarithromycin; and ciprofloxacin.

Possible Etiologies for Psychotic Symptoms:

Possibly etiological GMCs include neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Possibly etiological substances include alcohol (I/W); cannabis (I); hallucinogens (I), phencyclidine and related substances (I); inhalants (I); sedatives, hypnotics, and anxiolytics (I/W); stimulants (including cocaine) (I);

Possibly etiological medications include anesthetics and analgesics; anticholinergic agents; anticonvulsants; antihistamines; antihypertensive and cardiovascular medications; antimicrobial medications; antiparkinsonian medications; chemotherapeutic agents (e.g., cyclosporine, procarbazine); corticosteroids; gastrointestinal medications; muscle relaxants; nonsteroidal anti-inflammatory medications; other over-the-counter medications (e.g., phenylephrine, pseudoephedrine); antidepressant medication; and disulfiram.]

Possibly etiological toxins include anticholinesterase, organophosphate insecticides, sarin and other nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as fuel or paint.

THIS ITEM HAS ALREADY BEEN ASKED AS PART OF THE OVERVIEW AND HAS BEEN PREPOPULATED BASED ON INFORMATION PREVIOUSLY OBTAINED:

IF UNKNOWN: How were you affected by the coronavirus pandemic? (Did you or someone close to you need to be hospitalized for treatment? Did you lose someone whom you were close to? How about the financial implications of the crisis?)

QUESTIONS TO DETERMINE POSSIBLE ASSOCIATION OF EACH PAST 12 MONTH DIAGNOSIS WITH CORONAVIRUS AND ASSOCIATED STRESSORS:

(FILL OUT THIS PAGE SEPARATELY FOR EACH PAST 12 MONTH DIAGNOSIS)

FOR EACH DISORDER DIAGNOSED IN PAST 12 MONTHS:

IF UNKNOWN: When did [SXS OF DIAGNOSED DISORDER] start?

▶ *IF ONSET SINCE START OF CORONAVIRUS PANDEMIC IN JANUARY 2020:*

IF UNKNOWN: What was going on in your life when (SXS) started?

Do you think (SXS) were due to the effects of the coronavirus pandemic on your life?

▶ *IF ONSET PRIOR TO START OF CORONAVIRUS PANDEMIC IN JANUARY 2020: Did (SXS) become worse since the start of the pandemic?*

IF YES: When did they get worse? How much worse? Do you think they got worse because of the effects of the coronavirus pandemic on your life?

BASED ON ALL AVAILABLE INFORMATION, INDICATE FOR EACH 12-MONTH DIAGNOSIS THE LIKELIHOOD THAT DISORDER OCCURRING IN PAST 12 MONTHS WAS DUE TO THE EFFECTS OF CORONAVIRUS PANDEMIC: (INCLUDING ECONOMIC EFFECTS)

1 2 3 4 5 6 7 8 9 10

Not at all likely

Somewhat likely

Very likely

SCID-5-NSMH

STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS (Prison Population)

**Modified for National Study of Mental Health
03-01-2021**

Edits for Prison Population

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Patient: _____

Date of

Interview:

month

day

year

Clinician: _____

Note: The authors have worked to ensure that all information in this publication is accurate at the time of publication and consistent with general psychiatric and medical standards, and that information concerning drug dosages, schedules, and routes of administration is accurate at the time of publication and consistent with standards set by the U.S. Food and Drug Administration and the general medical community. As medical research and practice continue to advance, however, therapeutic standards may change. Moreover, specific situations may require a specific therapeutic response not included in this publication. For these reasons and because human and mechanical errors sometimes occur, we recommend that readers follow the advice of physicians directly involved in their care or the care of a member of their family.

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SCID-5-NSMH DIAGNOSTIC SUMMARY SCORE SHEET

Psychotic Disorders (past 12 months and prior to past 12 months)

Past 12 months (and possibly prior)	Likelihood of coronavirus causality (see page 52)	Not in past 12 months but prior to past 12 months	Disorder
<input type="checkbox"/>	—	<input type="checkbox"/>	Schizophrenia or Schizoaffective Disorder with duration > 6 months (p.31/ C6)
<input type="checkbox"/>	—	<input type="checkbox"/>	Schizophreniform or schizoaffective with duration < 6 months (p.31/ C8)

Mood Disorders (past 12 months)

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | — | Major Depressive Disorder (bipolar II not ruled out) (p. 32/ D13) |
| <input type="checkbox"/> | — | Bipolar I Disorder. Manic in past year) (p. 33/ D17) |
| <input type="checkbox"/> | — | Bipolar I Disorder, Depressed but no manic in past year (p.33/ D18) |

Other Disorders

- | Past 12 months | Corona-virus causality | Disorder |
|--------------------------|------------------------|--|
| <input type="checkbox"/> | | Generalized Anxiety Disorder (past 12 months) (p. 36/ F55) |
| <input type="checkbox"/> | | Obsessive-Compulsive Disorder (past 12 months) (p. 36/ G7) |
| <input type="checkbox"/> | | Posttraumatic Stress Disorder (p. 49/ G41) |
| <input type="checkbox"/> | | Anorexia Nervosa (past 12 months) (p. 50/ H3) |

OVERVIEW

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along.

Do you have any questions before we begin?

<p>How old are you?</p>	
<p>Are you currently in a relationship with a partner?</p> <p><i>IF YES: What is the nature of that relationship, for example, are you married? How long have you been (RELATIONSHIP STATUS)?</i></p> <p>Have you ever been separated/divorced or widowed?</p> <p><i>IF YES: How many times?</i></p> <p>Do you have any children?</p> <p><i>IF YES: How many? (What are their ages?)</i></p>	
<p>What is your highest completed level of education?</p> <p>Did you ever <u>not</u> complete a degree or program? Why?</p>	
<p>I would like to now ask you about your cultural background or identity. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.</p> <p>For you, what are the most important aspects of your background or identity?</p>	
<p>Before you were in prison what kinds of work did you do?</p>	
<p>In the past year, have you been in school or enrolled in on-line classes? What kind of program was it?</p>	

Psychological Difficulties Past Year

In the past year, have you seen a doctor, a therapist, or a counselor for any kind of psychological problem?

IF YES: Tell me about it. (What was the reason for your seeking help?) (What kinds of symptoms [have you been/were you experiencing?]) (When did these symptoms begin?) (Was anything going on in your life when they began?) (Since they began, when have you felt the worst?)

What kind of help did you receive? (Counselling or psychotherapy?) (Medication—what kind?) (For how long have you been getting that help?)

What about (also) getting help during the past year from outside the health system, like from a self-help group like Alcoholics Anonymous, or from a faith healer or pastoral counselor?

→ *IF HAS SOUGHT HELP IN THE PAST YEAR:* **Besides [PROBLEMS ALREADY DISCUSSED], have you had any other problems that you considered getting help for but didn't?**

→ *IF HAS NOT SOUGHT HELP IN PAST YEAR:* **What about having a problem during the past year that you considered getting help for? Have other people mentioned that you ought to seek help for a psychological problem? Tell me about that.**

Most Stressful Situation/Event In Past Year

Most people have experienced situations, other people, or events that they have found to be upsetting, challenging, or stressful.

What has been the most challenging or stressful experience that you experienced in the past year? Tell me about that. How did it affect you?

Hospitalization History

Have you ever been hospitalized for psychological problems?

IF YES: What was that for?

IF AN INADEQUATE ANSWER IS GIVEN, CHALLENGE

GENTLY: e.g., **Wasn't there something else? People don't usually go to psychiatric hospitals just because they are tired or nervous.**

Have you ever been hospitalized for treatment of a medical problem?

IF YES: What was that for?

Suicidal Ideation and Behavior

CHECK FOR THOUGHTS: In the past year, since [ONE YEAR AOG], have you had any thoughts about taking your own life or just going to sleep and not waking up, or thinking that you would be better off dead? (Tell me about that.)

CHECK FOR ATTEMPT: In the past year, have you done anything to try to end your life?

IF YES: Tell me about that. What did you do?

NOTE: IF PAST YEAR IDEATION OR ATTEMPT, ASSESS FOR CURRENT SUICIDE RISK AND ACT ACCORDINGLY.

Ask: In the past week have you had any thoughts about taking your own life?

IF YES, Tell me more about that. Do you intend to hurt yourself or take your own life?

IF YES, Have you thought about a specific method for attempting suicide? What has prevented you from acting on this plan?

IF CURRENT, ACTIVE SUICIDAL IDEATION AND INTENT IS CONFIRMED, STOP THE INTERVIEW AND GO TO DRP SCENARIO 1B

SUICIDAL IDEATION PAST YEAR:

1. Yes
2. No

SUICIDAL ATTEMPT PAST YEAR:

1. Yes
2. No

Other Problems in Past Year

Have you had any problems in the past year other than what we've talked about so far?

IF UNKNOWN: How were you affected by the coronavirus pandemic? (Did you or someone close to you need to be hospitalized for treatment? Did you lose someone whom you were close to? How about the financial implications for people close to you related to the crisis?)

How has your physical health been during the past year, since [ONE YEAR AGO]? Have you been getting help for any medical problems? (What kind of problems are you getting help for? Are you taking any medicines or getting any other kind of treatment for the problem?)

In the past year, have you taken any medication (including over the counter medications, vitamins, nutritional supplements, or natural or traditional health remedies) for your emotions or nerves or to help you sleep (other than those you've already told me about?)

IF YES: What medication are you taking (did you take)?

A. MOOD EPISODES

MAJOR DEPRESSIVE EPISODE PAST YEAR		MAJOR DEPRESSIVE EPISODE CRITERIA		
<p>[IF UNBLINDMDE = YES] In your earlier interview you mentioned that you have had times in the past year when you felt depressed or down or lost interest in things that you used to enjoy. I'd like to ask you some more questions about those times.</p> <p>[ELSE] Now I am going to ask you some more questions about your mood.</p>		<p>A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.</p>		
A1	<p>During the past 12 months, since (ONE YEAR AGO), has there been a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (Has anyone said that you look sad, down, or depressed?)</p> <p><i>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u></i></p> <p>IF YES TO EITHER OF ABOVE: What has it been like? For how long have you felt like that for most of the day, nearly every day? (As long as 2 weeks?)</p>	1.	<p>Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).</p> <p style="text-align: center;">— +</p>	A1
A2	<p>▶ IF PREVIOUS ITEM RATED "+": During that time, did you have less interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>▶ IF PREVIOUS ITEM RATED "—": What about a time since (ONE YEAR AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p><i>IF YES: <u>Has it been nearly every day?</u> How long has it lasted? (As long as 2 weeks?)</i></p>	2.	<p>Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</p> <p style="text-align: center;">— +</p>	A2
<p>IF BOTH A1 AND A2 ARE RATED AS "—" FOR THE PAST YEAR, Continue with A29 (Manic Episode Past Year), page 13.</p>				
<p>Have you had more than one time like that during the past 12 months? (Which time was the worst?)</p>		<p><i>NOTE: If more than one episode in the past 12 months is likely, select the "worst" one for your inquiry about a Major Depressive Episode in the past 12 months.</i></p>		

A3	<p>FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2-WEEK PERIOD OF THE WORST EPISODE IN THE PAST YEAR: Thinking about (WORST EPISODE IN PAST YEAR), during which 2-week period would you say you have been feeling the worst or functioning the worst?</p>			
A4	<p>During (2-WEEK PERIOD)...</p> <p>...how was your appetite? (What about compared to your usual appetite? Did you have to force yourself to eat? Eat [less/more] than usual? <u>Was that nearly every day?</u> Did you lose or gain any weight?)</p> <p><i>IF YES: How much? (Had you been trying to [lose/gain] weight?)</i></p>	<p>3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.</p>	<p>— +</p>	A3
A4	<p>...how had you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much?)</p> <p>How many hours of sleep (including naps) have you been getting? How many hours of sleep did you typically get before you got (depressed/OWN WORDS)? <u>Had it been nearly every night?</u></p>	<p>4. Insomnia or hypersomnia nearly every day.</p>	<p>— +</p>	A4
A5	<p>(During [2-WEEK PERIOD]...)</p> <p>...were you so fidgety or restless that you were unable to sit still?</p> <p>What about the opposite—talking more slowly, or moving more slowly than was normal for you, as if you’re moving through molasses or mud?</p> <p>(IN EITHER INSTANCE, has it been so bad that other people noticed it? What did they notice? <u>Was that nearly every day?</u>)</p>	<p>5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).</p> <p><i>NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW.</i></p>	<p>— +</p>	A5
A6	<p>...what was your energy like? (Tired all the time? <u>Nearly every day?</u>)</p>	<p>6. Fatigue or loss of energy nearly every day.</p>	<p>— +</p>	A6
A7	<p>(During [2-WEEK PERIOD]...)</p> <p>...were you feeling worthless?</p> <p>What about feeling guilty about things you had done or not done?</p> <p><i>IF YES: What kinds of things? (Was this only because you couldn’t take care of things because you had been sick?)</i></p> <p>IF YES TO EITHER OF ABOVE: Was that <u>Nearly every day?</u></p>	<p>7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).</p>	<p>— +</p>	A7

A8	<p>...Did you have trouble thinking or concentrating? Had it been hard to make decisions about everyday things? (What kinds of things had it been interfering with? <u>Nearly every day?</u>)</p>	<p>8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).</p>	<p>— +</p>	A8
A9	<p>(During [2-WEEK PERIOD]...)</p> <p>...Had things been so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life?</p> <p><i>IF YES: Had you done something about it? (What did you do? Had you made a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)</i></p>	<p>9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</p> <p>Note: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.</p>	<p>— +</p>	A9
A10		<p>AT LEAST FIVE OF THE ABOVE CRITERION A SXS (A1-A9) ARE RATED "+".</p>	<p>NO YES</p>	A10

IF FEWER THAN FIVE ITEMS: Has there been any other time when you were (depressed/OWN WORDS) during the past year and had even more of the symptoms than I just asked about?

→ IF YES: Go back to **A1**, page 9, and assess symptoms for that episode.

→ IF NO: Continue with **A29** (Manic Episode Past Year), **page 13**.

Continue with **A11** (Criterion B), **next page**.

A11

IF UNKNOWN: **Are you taking any medications or other health remedies because of (DEPRESSIVE SXS)? Tell me about that.**

IF UNKNOWN: **Are you seeing a doctor, a therapist, or a counselor for (DEPRESSIVE SXS)? Tell me about that.**

IF UNKNOWN: **Have other people suggested that you ought to seek help for (DEPRESSIVE SXS)? Tell me about that.**

IF UNCLEAR: **What effect did (DEPRESSIVE SXS) have on your life?**

ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:

How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did [DEPRESSIVE SXS] cause you any problems in your relationships with your family, friends, other inmates, or with correctional staff?)

How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work/school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? Did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)

How did (DEPRESSIVE SXS) affect your ability to follow the prison schedule? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? What about doing other things that were important to you, like religious activities, physical exercise, hobbies, or keeping in touch with family?

Did you avoid doing anything because you felt like you weren't up to it?

Did (DEPRESSIVE SXS) affect any other important part of your life?

IF DEPRESSIVE SXS DO NOT INTERFERE WITH LIFE: **How much were you bothered or upset by having (DEPRESSIVE SXS)?**

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatment for sxS: Code "+" if "YES" to any of the first three questions.

Impairment due to sxS: Code "+" if judged to be moderate or greater

Distress: Code "+" if judged to be moderate or greater

—
+

Continue with **A12, next page**

A11

IF EPISODE DOES NOT CAUSE DISTRESS OR IMPAIRMENT, ASK: Has there been any other time during the past year when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked about?

IF YES: Go back to **A1, page 9**, and assess symptoms for that episode.

IF NO: Continue with **A29 (Manic Episode Prior To Past Year), page 13**.

	MANIC EPISODE PAST YEAR	MANIC EPISODE CRITERIA		
A29a	<p>[IF UNBLINDMANIA = YES] In your earlier interview you mentioned that you have had times in the past year when you felt so full of energy or in such a good mood for at least four days that other people thought you were not yourself. Or, you may have mentioned that you were much more irritable for at least four days. I'd like to ask you some more questions about those times.</p> <p>[ALL] During the past 12 months, since (12 MONTHS AGO), has there been a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?</p>	<p>PERIOD OF ELEVATED MOOD? A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p>	<p>- + ↓ Go to A29c.</p>	A29a
A29b	<p>Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p>- + ↓ A29 has been prepopulated "+". Go to A30</p>	A29b
A29c	<p>Since (12 MONTHS AGO), have you had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?)</p>	<p>PERIOD OF IRRITATED MOOD?</p>	<p>- + ↓ A29 has been prepopulated "-". Go to A53, page 17.</p>	A29c
A29d	<p>IF UNKNOWN: Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than was typical for you? (Did other people comment on how much you were doing?) What has it been like?</p>	<p>PLUS INCREASED ENERGY OR ACTIVITY?</p>	<p>- + ↓ ↓ A29 has been prepopulated "-". Go to A53, page 17. A29 has been prepopulated "+". Go to A30</p>	A29d
A30	<p>How long did this last? (As long as 1 week?)</p> <p>IF LESS THAN 1 WEEK: Did you need to go into the hospital, or medical or psychiatric ward to protect you from hurting yourself or someone else, or from doing something that could have caused serious legal problems?</p> <p>Were you feeling (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p>NOTE: IF ELEVATED MOOD LASTS LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO A53.</p>	<p>- + ↓ Continue with A53 (Consider Assessment of Manic Episodes prior to past year) page 17.</p>	A30

	<p>Have you had more than one time like that during the past year? (Which time was the most intense or caused the most problems?)</p> <p>FOR A31–A37, FOCUS ON THE MOST SEVERE PERIOD OF THE WORST EPISODE DURING THE PAST YEAR THAT YOU ARE INQUIRING ABOUT.</p>	<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>		
	<p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p> <p>During that time...</p>			
A31	<p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p>	<p>— +</p>	A31
A32	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Did you still feel rested?</p>	<p>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</p>	<p>— +</p>	A32
A33	<p>(During that time...)</p> <p>...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)</p>	<p>3. More talkative than usual or pressure to keep talking.</p>	<p>— +</p>	A33
A34	<p>...were your thoughts racing through your head? (What was that like?)</p>	<p>4. Flight of ideas or subjective experience that thoughts are racing.</p>	<p>— +</p>	A34
A35	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	<p>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</p>	<p>— +</p>	A35
A36	<p>(During that time...)</p> <p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as hanging out with friends, participating in prison activities more than you usually do, finding opportunities to interact with people you didn't already know in the prison?)</p> <p>(Were you spending more time thinking about sex? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</p>	<p>— +</p>	A36

A37	<p>(During that time...)</p> <p>...were you doing anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Did you make any risky or impulsive decisions that you wouldn't normally have done?)</p> <p>(Were you less likely to obey prison rules? Were you more likely to say things that could get you in trouble?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<p>– +</p>	A37
A38	<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A31–A37) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>		<p>NO YES</p>	A38
<p>IF FEWER THAN THREE (FOUR IF MOOD ONLY IRRITABLE) AND NOT ALREADY ASKED: Have there been any other times in the past year when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?</p> <p>IF YES: Go back to A29, page 13, and ask about that episode.</p> <p>IF NO: Continue with A53, page 17 (Consider Assessment of Manic Episodes prior to past year)</p>				
A39	<p>IF UNCLEAR: What effect did (MANIC SXS) have on your life?</p> <p>IF UNKNOWN: Did you need to go into the hospital, or medical or psychiatric ward to protect you from hurting yourself or someone else, or from doing something that could have caused serious legal problems?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How did (MANIC SXS) affect your relationships or your interactions with other people? (Did [MANIC SXS] cause you any problems in your relationships with your family, friends, other inmates, or correctional staff?)</p> <p>How did (MANIC SXS) affect your work/school? (How about your attendance at work/school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? Did [MANIC SXS] affect the quality of your work/schoolwork?)</p> <p>How have (MANIC SXS) affected your ability to follow the prison schedule?</p>	<p>C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p>	<p>– +</p>	A39
<p>IF NOT ALREADY ASKED: IF MOOD DISTURBANCE WAS NOT SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT OR TO NECESSITATE HOSPITALIZATION AND NOT ALREADY ASKED: Has there been any other time in the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you got into trouble with people or were hospitalized?</p> <p>IF YES: Go back to A29, page 13, and ask about that episode.</p> <p>IF NO: Continue with A53 (Consider assessment of Manic Episodes prior to past year), page 17.</p>				

Continue with **A39**, CRITERION C, below.

Continue with **A40**, next page

A40	<p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of another medical condition...</p> <p>Refer to page 51 for a list of possibly etiological medical conditions</p> <p><i>NOTE: Code "NO" only if episode <u>is</u> due to a GMC</i></p>	<p>NO YES</p> <p>↓</p> <p>PRIMARY</p>	A40
A40a	<p>Just before this began, were you taking any medications?</p> <p><i>IF ALREADY ON MEDICATION WHEN EPISODE BEGAN: Any change in the amount you were taking?</i></p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of a medication (e.g., a medication, other treatment)</p> <p>Refer to page 51 for a list of possibly etiological substances/medications.</p> <p>Note: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I [Disorder] diagnosis.</p> <p><i>NOTE: Code "NO" only if episode <u>is</u> due to a medication.</i></p>		
<p>DETERMINE WHETHER AMOUNT AND DURATION OF USE IS SUFFICIENT TO CAUSE MANIC SYMPTOMS:</p> <p><i>IF UNKNOWN: How much (MEDICATION) were you using/taking at the time you began to have (MANIC SXS)?</i></p> <p><i>IF UNKNOWN: For how long had you been taking (MEDICATION)?</i></p>		<p>1) Amount or duration is insufficient to cause manic symptoms:</p> <p>YES (PRIMARY) [Answer "YES" to A40a]</p> <p>NO (SUFFICIENT, POSSIBLY SUBSTANCE-INDUCED)</p>	<p>MANIC EPISODE PAST YEAR</p> <p>Continue with A53, page 17.</p>	
<p>DETERMINE WHETHER THERE WAS BEEN A PERIOD OF TIME OF MANIC SXS WHEN NOT TAKING MEDICATION:</p> <p><i>IF UNKNOWN: Were you (high/excited/OWN WORDS) before you started [taking (MEDICATION)]?</i></p> <p><i>IF UNKNOWN: Have you had a period of time when you stopped [taking (MEDICATION)]?</i></p> <p><i>IF YES: After you stopped [taking (MEDICATION)] did the (MANIC SXS) go away or get better?</i></p> <p><i>IF YES: How long did it take for them to get better? Did they go away within a month of stopping?</i></p>		<p>2) Determine if manic symptoms prior to medication use or manic symptoms persist after stopping medication</p> <p>YES (PRIMARY) [Answer "YES" to A40a]</p> <p>NO (MANIA CONFINED TO SUBSTANCE USE), POSSIBLY SUBSTANCE-INDUCED</p>		
<p>CHECK FOR POSSIBILITY THAT A PRIMARY MANIC EPISODE IS MORE LIKELY BASED ON PAST HX</p> <p><i>IF UNKNOWN: Have you had other episodes of (MANIC SXS)?</i></p> <p><i>IF YES: How many? Were you [taking MEDICATION]] at those times?</i></p>		<p>3) Check for prior non-substance-induced manic episodes:</p> <p>YES (POSSIBLY PRIMARY) [APPLY CLINICAL JUDGEMENT]</p> <p>NO (ALL EPISODES SUBSTANCE-RELATED) [Answer "NO" to A40a]</p>		
<p><i>IF DUE TO A MEDICAL CONDITION OR MEDICATION: Has there been any other time during the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you were not (ill with GMC/taking MEDICATION)?</i></p> <p>▶ IF YES: Go back to A29, page 13, and ask about that episode</p> <p>▶ IF NO: Continue with A53, page 17 (Consider Assessment of Manic Episodes prior to past year)</p>				

A53	CONSIDER ASSESSMENT OF MANIC EPISODES PRIOR TO PAST YEAR (ONLY IF MAJOR DEPRESSIVE EPISODES IN PAST YEAR)	A53				
<i>ONE OR MORE MAJOR DEPRESSIVE EPISODES IN PAST YEAR</i>		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">NO ↓</td> <td style="text-align: center; width: 50%;">YES ↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">Continue with B1, Page 23.</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">Continue with A54 (Manic prior to past year), below.</td> </tr> </table>	NO ↓	YES ↓	Continue with B1 , Page 23.	Continue with A54 (Manic prior to past year), below.
NO ↓	YES ↓					
Continue with B1 , Page 23.	Continue with A54 (Manic prior to past year), below.					

	MANIC EPISODE PRIOR TO PAST YEAR	MANIC EPISODE CRITERIA							
A54a	Prior to the past year, before (ONE YEAR AGO), have you <u>ever</u> had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?	PERIOD OF ELEVATED MOOD? A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">-</td> <td style="text-align: center; width: 50%;">+</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">Go to A54c.</td> </tr> </table>	-	+	↓	↓	Go to A54c.	
-	+								
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Go to A54c.									
A54b	Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) What has it been like?	PLUS INCREASED ENERGY OR ACTIVITY?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">-</td> <td style="text-align: center; width: 50%;">+</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">A54 has been prepopulated "+". Go to A55</td> </tr> </table>	-	+	↓	↓	A54 has been prepopulated "+". Go to A55	
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A54 has been prepopulated "+". Go to A55									
A54c	Prior to the past year, have you <u>ever</u> had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?)	PERIOD OF IRRITATED MOOD?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">-</td> <td style="text-align: center; width: 50%;">+</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">A54 has been prepopulated "-". Go to B1, page 23.</td> </tr> </table>	-	+	↓	↓	A54 has been prepopulated "-". Go to B1 , page 23.	
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A54 has been prepopulated "-". Go to B1 , page 23.									
A54d	IF UNKNOWN: Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) What has it been like?	PLUS INCREASED ENERGY OR ACTIVITY?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">-</td> <td style="text-align: center; width: 50%;">+</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">A54 has been prepopulated "-". Go to B1, page 23.</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">A54 has been prepopulated "+". Go to A55.</td> </tr> </table>	-	+	↓	↓	A54 has been prepopulated "-". Go to B1 , page 23.	A54 has been prepopulated "+". Go to A55.
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A54 has been prepopulated "-". Go to B1 , page 23.	A54 has been prepopulated "+". Go to A55.								
A55	<p>How long did this last? (As long as 1 week?)</p> <p>IF LESS THAN ONE WEEK: Did you need to go into the hospital, or medical or psychiatric ward to protect you from hurting yourself or someone else, or from doing something that could have caused serious legal problems?</p> <p>Did you feel (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p><i>NOTE: IF ELEVATED MOOD LASTED LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO B1.</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">-</td> <td style="text-align: center; width: 50%;">+</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">Continue with B1 (psychotic sx) page 23.</td> </tr> </table>	-	+	↓	↓	Continue with B1 (psychotic sx) page 23.	
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Continue with B1 (psychotic sx) page 23.									

<p>Have you had more than one time like that prior to the past year? (Which time was the most intense or caused the most problems?)</p>		<p><i>NOTE: If there is evidence for more than one past episode prior to the past year, select the one with the most impairment for your inquiry about past Manic Episode.</i></p>		
<p>FOR A56–A62, FOCUS ON THE MOST SEVERE PERIOD OF THE WORST EPISODE PRIOR TO THE PAST YEATR THAT YOU ARE INQUIRING ABOUT.</p> <p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p>		<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>		
A56	<p>During that time...</p> <p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	1. Inflated self-esteem or grandiosity.	— +	A56
A57	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Did you still feel rested?</p>	2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	— +	A57
A58	<p>(During the past 12 months)</p> <p>...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)</p>	3. More talkative than usual or pressure to keep talking.	— +	A58
A59	<p>...were your thoughts racing through your head? (What was that like?)</p>	4. Flight of ideas or subjective experience that thoughts are racing.	— +	A59
A60	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.	— +	A60

A61	<p>(During the past 12 months)</p> <p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as hanging out with friends, participating in prison activities more than you usually do, finding opportunities to interact with people you didn't already know in the prison?)</p> <p>(Were you spending more time thinking about sex? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</p>	<p>— +</p>	A61
A62	<p>(During the past 12 months)</p> <p>...did you do anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Did you make any risky or impulsive decisions that you wouldn't normally have done?)</p> <p>(Were you less likely to obey prison rules? Were you more likely to say things that could get you in trouble?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<p>— +</p>	A62
A63		<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A56–A62) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>	<p>NO YES</p> <p>↓ ↓</p>	A63
<p>IF FEWER THAN THREE (FOUR IF MOOD ONLY IRRITABLE) AND NOT ALREADY ASKED: Have there been any other times prior to the past year when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?</p> <p>IF YES: Go back to A54, page 17, and ask about that episode.</p> <p>IF NO: Continue with B1 (Psychotic sxs), page 23.</p>				<p>Continue with A64 (Criterion C), next page.</p>

A64	<p>IF UNCLEAR: What effect did (MANIC SXS) have on your life?</p> <p>IF UNKNOWN: Did you need to go into the hospital, or medical or psychiatric ward to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How did (MANIC SXS) affect your relationships or your interactions with other people? (Did [MANIC SXS] cause you any problems in your relationships with your family, friends, other inmates, or correctional staff?)</p> <p>How did (MANIC SXS) affect your work/school? (How about your attendance at work/school? Did [MANIC SXS] make it more difficult to do your work/schoolwork)? Did [MANIC SXS] affect the quality of your work/schoolwork?)</p> <p>How did (MANIC SXS) affect your ability to follow the prison schedule?</p>	C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.	— + ↓ ↓	A64
<p>IF MOOD DISTURBANCE WAS NOT SEVERE ENOUGH TO CAUSE MARKED IMPARIMENT OR NECESSITATE HOSPITALIZATION AND NOT ALREADY ASKED: Has there been any other time prior to the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you got into trouble with people or were hospitalized?</p> <p>IF YES: Go back to A54, page 17, and ask about that episode.</p> <p>IF NO: Continue with B1 (Psychotic sxs), page 23.</p>				

A65	<p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of another medical condition... Refer to page 51 for a list of possibly etiological medical conditions <i>NOTE: Code "NO" only if episode <u>is</u> due to a GMC</i></p>	<p>NO</p> <p>YES</p> <p>PRIMARY</p>	A65
A65a	<p>Just before this began, were you taking any medications?</p> <p><i>IF ALREADY ON MEDICATION WHEN EPISODE BEGAN:</i> Any change in the amount you were taking?</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of a medication (e.g., a medication, other treatment) Refer to page 51 for a list of possibly etiological medications. Note: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I [Disorder] diagnosis. <i>NOTE: Code "NO" only if episode <u>is</u> due to a substance/medication.</i></p>	<p>MANIC EPISODE PRIOR TO THE PAST YEAR Continue with A66, next page.</p>	
<p>DETERMINE WHETHER AMOUNT AND DURATION OF USE IS SUFFICIENT TO CAUSE MANIC SYMPTOMS:</p>		<p>1) Amount or duration is insufficient to cause manic symptoms:</p>		
<p>IF UNKNOWN: How much (MEDICATION) were you taking at the time you began to have (MANIC SXS)?</p>		<p>YES (PRIMARY) [Answer "YES" to A65]</p>		
<p>IF UNKNOWN: For how long had you been taking (MEDICATION)?</p>		<p>NO (SUFFICIENT, POSSIBLY SUBSTANCE-INDUCED)</p>		
<p>DETERMINE WHETHER THERE WAS BEEN A PERIOD OF TIME OF MANIC SXS WHEN NOT TAKING MEDICATION:</p>		<p>2) Determine if manic symptoms prior to medication use or manic symptoms persist after stopping medication</p>		
<p><i>IF UNKNOWN:</i> Were you (high/excited/OWN WORDS) before you started [taking (MEDICATION)]?</p>		<p>YES (PRIMARY) [Answer "YES" to A65]</p>		
<p><i>IF UNKNOWN:</i> Have you had a period of time when you stopped [taking (MEDICATION)]? <i>IF YES: After you stopped [taking (MEDICATION)] did the (MANIC SXS) go away or get better?</i> <i>IF YES: How long did it take for them to get better? Did they go away within a month of stopping?</i></p>		<p>NO (MANIA CONFINED TO SUBSTANCE USE), POSSIBLY SUBSTANCE-INDUCED</p>		
<p>CHECK FOR POSSIBILITY THAT A PRIMARY MANIC EPISODE IS MORE LIKELY BASED ON PAST HX</p>		<p>3) Check for prior non-substance-induced manic episodes:</p>		
<p><i>IF UNKNOWN:</i> Have you had other episodes of (MANIC SXS)? <i>IF YES: How many? Were you [taking MEDICATION]] at those times?</i></p>		<p>YES (POSSIBLY PRIMARY) [APPLY CLINICAL JUDGEMENT]</p>		
		<p>NO (ALL EPISODES SUBSTANCE-RELATED) [Answer "NO" to A65]</p>		

A66 MH

IF DUE TO MEDICAL CONIDITON OR MEDICATION: Has there been any other time during the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SXS) and you were not (ill with GMC/taking MEDICATION)?

▶ IF YES: Go back to **A54, page 17**, and ask about that episode

▶ IF NO: Continue with **B1 (Psychotic sxs), page 23**.

B. PSYCHOTIC AND ASSOCIATED SYMPTOMS

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS THAT ARE PRESENT, DETERMINE WHETHER THE SYMPTOM IS DEFINITELY "PRIMARY" (I.E., DUE TO A PSYCHOTIC DISORDER) OR WHETHER THERE IS A POSSIBLE OR DEFINITE ETIOLOGICAL GMC OR MEDICATION. (REFER TO **PAGE 51** FOR A LIST OF ETIOLOGICAL GMCs OR MEDICATIONS.) THIS INFORMATION WILL BE USEFUL IN DIFFERENTIATING A PRIMARY PSYCHOTIC DISORDER FROM A PSYCHOTIC DISORDER DUE TO AMC OR MEDICATION-INDUCED PSYCHOTIC DISORDER IN MODULE C.

THE FOLLOWING QUESTIONS MAY BE USEFUL FOR THIS DETERMINATION IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

Just before (PSYCHOTIC SXS) began, were you
...On any medications? IF YES: What were you taking?
...Were you physically ill?

IF YES TO ANY: **Has there been a time when you had (PSYCHOTIC SXS) and were not (taking [MEDICATION]/ill)?**

[IF UNBLINDPSYCHOS1 = YES] In your earlier interview you mentioned that a health professional said you had schizophrenia or schizoaffective disorder, I'd like to ask you some more questions about this.

[IF UNBLINDPSYCHOS2 = YES] In your earlier interview you mentioned that you received disability payments because of a schizophrenia or schizoaffective disorder diagnosis, I'd like to ask you some more questions about this.

[IF UNBLINDPSYCHOS3 = YES] In your earlier interview you mentioned having one or more unusual experiences in your life. I'd like to ask you some more questions about those experiences.

[ELSE] Now I am going to ask you about unusual experiences that people sometimes have.

DELUSIONS

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

NOTE: Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "—".

B1	<p>Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?)</p> <p>IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?</p> <p>Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (Not just that it was particularly relevant to you, but that it was specifically meant for you.)</p> <p>Did you ever have the feeling that the words in a popular song were meant to send you a special message?</p> <p>Did you ever have the feeling that what people were wearing was intended to send you a special message?</p> <p>Did you ever have the feeling that street signs or billboards had a special meaning for you?</p>	<p>Delusion of reference (i.e., a belief that events, objects, or other people in the individual's immediate environment have a particular or unusual significance)</p> <p>DESCRIBE:</p>	<p style="text-align: center;">— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p style="text-align: center;">— +</p>	B1
				B1a

B2	<p>What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)</p> <p>Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?</p> <p>Did you ever have the feeling that you were being poisoned or that your food had been tampered with?</p>	<p>Persecutory delusion (i.e., a belief that the individual [or his or her group] is being attacked, harassed, cheated, persecuted, or conspired against)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B2
B3	<p>Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)</p> <p>Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?</p>	<p>Grandiose delusion (i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B2a B3
B4	<p>Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)</p> <p>Have you ever felt that something strange was happening to parts of your body?</p>	<p>Somatic delusion (i.e., content involves change or disturbance in body appearance or functioning)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B3a
B5	<p>Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)</p> <p>Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends? (Tell me about that.)</p> <p>What about feeling responsible for a disaster such as a fire, flood, or earthquake? (Tell me about that.)</p>	<p>Delusion of guilt (i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster [e.g., an earthquake or fire] with which there can be no possible connection)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B4a B5
B6	<p>Have you ever been convinced that your spouse or partner was being unfaithful to you?</p> <p>IF YES: How did you know he/she was being unfaithful? (What clued you into this?)</p>	<p>Jealous delusion (i.e., a belief that one’s sexual partner is unfaithful)</p> <p>DESCRIBE: LEAVE ITEM BLANK IF NO SPOUSE OR PARTNER</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>	B6 B6a

B7	<p>Are you a religious or spiritual person?</p> <p>→ IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?</p> <p> → IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)</p> <p> → IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</p> <p>→ IF NO: Have you ever felt that God, or the devil or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</p>	<p>Religious delusion (i.e., a delusion with a religious or spiritual content)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise: — +</p>	B7	B7a
B8	<p>Did you ever have a “secret admirer” who, when you tried to contact them, denied that they were in love with you? (Tell me about that.)</p> <p>Were you ever romantically involved with someone famous? (Tell me about that.)</p>	<p>Erotomaniac delusion (i.e., a belief that another person, usually of higher status, is in love with the individual)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise: — +</p>	B8	B8a
B9	<p>Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.)</p>	<p>Delusion of being controlled (i.e., feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than under one’s own control)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise: — +</p>	B9	B9a
B10	<p>Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.)</p>	<p>Thought insertion (i.e., a belief that certain thoughts are not one’s own, but rather are inserted into one’s mind)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise: — +</p>	B10	B10a
B11	<p>What about thoughts being taken out of your head? (Tell me about that.)</p>	<p>Thought withdrawal (i.e., a belief that one’s thoughts have been “removed” by some outside force)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise: — +</p>	B11	B11a

B12	<p>Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)</p>	<p>Thought broadcasting (i.e., a delusion that one's thoughts are being broadcast out loud so that others can perceive them)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>	B12
B13	<p>Did you ever believe that someone could read your mind? (Tell me about that.)</p>	<p>Other delusions (e.g., a belief that others can read the person's mind, a delusion that one has died several years ago)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>	B13
<p>HALLUCINATIONS</p> <p>A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality).</p> <p><i>NOTE: Code "-" for hallucinations that are so transient as to be without diagnostic significance.</i></p> <p><i>Code "-" for hypnagogic or hypnopompic hallucinations occurring only when falling asleep or upon awakening, respectively.</i></p>				
B14	<p>Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking? (Were you awake at the time?)</p> <p>IF YES: What did you hear? How often did you hear it?</p>	<p>Auditory hallucinations (i.e., a hallucination involving the perception of sound, most commonly of voice, when fully awake, heard either inside or outside of one's head)</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>	B14
B15	<p>Did you have visions or see things that other people couldn't see? (Tell me about that. Were you awake at the time?)</p>	<p>Visual hallucinations (i.e., a hallucination involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light)</p> <p><i>NOTE: Distinguish from an illusion (i.e., a misperception of a real external stimulus).</i></p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>	B15

DISORGANIZED SPEECH AND BEHAVIOR AND CATATONIA			
<p>(Let me stop for a minute while I make a few notes...)</p> <p>HAVE YOU CODED ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS POSITIVELY DURING THE INTERVIEW WITH THE PRIMARY RESPONDENT?"</p> <p>Yes → continue No → IF <u>NO</u> go to B23, page 29</p>			
SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.			
B20	<p><i>Note: The ratings of lifetime disorganized speech will almost always be based on the observations by untrained secondary informants.</i></p> <p>SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p>	<p>DISORGANIZED SPEECH: The individual may switch from one topic to another (derailment or loose associations). Answers to questions may be obliquely related or completely unrelated (tangentiality). Rarely, speech may be so severely disorganized that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization (incoherence or “word salad”). Because mildly disorganized speech is common and nonspecific, the symptom must be severe enough to substantially impair effective communication.</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>
B21	<p><i>Note: The ratings of lifetime disorganized speech will almost always be based on the observations of untrained secondary informants.</i></p> <p>SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p>	<p>GROSSLY DISORGANIZED BEHAVIOR: May range from childlike silliness to unpredictable agitation. The person may appear markedly disheveled, may dress in an unusual manner (e.g., wearing multiple overcoats, scarves, and gloves on a hot day), or may display clearly inappropriate sexual behavior (e.g., public masturbation) or unpredictable and untriggered agitation (e.g., shouting or swearing).</p> <p>DESCRIBE:</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>
B22	<p><i>Note: The ratings of lifetime catatonia items will almost always be based on the observations by untrained secondary informants whose ability to describe them in sufficient detail so as to allow the rater to accurately differentiate among them is likely to be quite limited. Consequently, these symptoms have been grouped together by similar phenomenology, with suggested questions provided for inquiry.</i></p> <p>SCORE BASED ON OBSERVATIONS DURING INTERVIEW WITH PRIMARY RESPONDENT.</p>	<p>CATATONIC BEHAVIOR</p> <p><u>Code ‘+’ if at least two of the below symptoms are present</u></p> <p><u>Little or no psychomotor activity or verbal responses</u></p> <p>Stupor (i.e., no psychomotor activity; not actively relating to environment)</p>	<p>— +</p> <p>Code “+” if primary, “-” otherwise:</p> <p>— +</p>

B20

B21

B21a

B22

B22a

	<p>Mutism (i.e., no, or very little, verbal response [exclude if known aphasia])</p> <p>Negativism (i.e., opposition or no response to instructions or external stimuli)</p> <p><u>Maintenance of Unusual postures against gravity</u></p> <p>Posturing (i.e., spontaneous, and active maintenance of a posture against gravity)</p> <p>Catalepsy (i.e., passive induction of a posture held against gravity)</p> <p>Waxy flexibility (i.e., slight, even resistance to positioning by examiner)</p> <p><u>Excessive movement or behavior</u></p> <p>Agitation, not influenced by external stimuli</p> <p>Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements)</p> <p>Odd facial expressions or movements</p> <p>Grimacing (i.e., odd and inappropriate facial expressions unrelated to situation)</p> <p>Mannerism (i.e., odd, circumstantial caricature of normal actions)</p> <p>Mimicking speech or actions</p> <p>Echolalia (i.e., mimicking another's speech)</p> <p>Echopraxia (i.e., mimicking another's movements)</p> <p>DESCRIBE:</p>	
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NEGATIVE SYMPTOMS		
<p><i>For any negative symptoms rated "+", determine whether the symptom is definitely primary (i.e., due to a Psychotic Disorder) or whether it is possibly or definitely secondary—i.e., related to another mental disorder (e.g., depression), a medication or a GMC (e.g., medication-induced akinesia), or a psychotic symptom (e.g., command hallucinations not to move).</i></p>		
<p>B23</p>	<p>RATE THIS ITEM BASED ON INFORMATION OBTAINED FROM THE OVERVIEW.</p> <p>IF UNKNOWN: Has there been a period of time lasting at least several months when you were not working, not in school, or doing much of anything?</p> <p>IF UNKNOWN: How about a period of time when you were unable to take care of basic everyday things, like brushing your teeth or bathing?</p> <p>IF NO: Did anyone ever say that you were not taking care of these or other basic everyday things?</p>	<p>Avolition: An inability to initiate and persist in goal-directed activities. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care).</p> <p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>
<p>B24</p>		<p>Diminished Emotional Expressiveness: Includes reductions in the expression of emotions in the face, eye contact, intonation of speech (prosody), and movements of the hand, head, and face that normally give an emotional emphasis to speech.</p> <p>— +</p> <p>Code "+" if primary, "-" otherwise:</p> <p>— +</p>

B23

B23a

B24

B24a

Continue with **C1**
(Differential Diagnosis
of Psychotic Disorders),
next page.

C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

If no primary psychotic items from Module B have ever been present, **skip to D1** (Differential Diagnosis of Mood Disorders), **page 36**.

C1 Note: for the following items, only include psychotic symptoms in Module B that have been rated to be primary.

Psychotic symptoms occur **at times other than** during Major Depressive or Manic Episodes

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT:
Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (depressed/high/irritable/OWN WORDS)?

That is, have you only had (PSYCHOTIC SXS) during times when you have been (depressed/high/irritable/OWN WORDS)?

YES

NO

Psychotic Mood Disorder
 Go to **D1** (Differential Diagnosis of Mood Disorders), **page 32**.

C1

SCHIZOPHRENIA CRITERION A

C2

Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
 At least one of these must be (1), (2), or (3):

1. Delusions [**B1–B13**].
2. Hallucinations [**B14–B15**].
3. Disorganized speech (e.g., frequent derailment or incoherence) [**B20**].
4. Grossly disorganized or catatonic behavior [**B21–B22**].
5. Negative symptoms (i.e., diminished emotional expression or avolition) [**B23–B24**].

NO: Consider rating "NO" if the only symptoms are delusions accompanied by tactile and/or olfactory hallucinations that are thematically related to the content of the delusions (which is consistent with a diagnosis of Delusional Disorder).

YES

NO

Go to **D1** (Differential Diagnosis of Mood Disorders), **page 32**.

C2

SCHIZOPHRENIA CRITERION C

C4

Continuous signs of the disturbance persist for at least **6 months**. This 6-month period must include at least **1 month** of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms.

Prodromal/residual symptoms include:

- Unusual or odd beliefs that are not of delusional proportions (e.g., ideas of reference or magical thinking);
- Unusual perceptual experiences (e.g., sensing the presence of an unseen person);
- Speech that is generally understandable but digressive, vague, or overelaborate
- Behavior that is unusual but not grossly disorganized (e.g., collecting garbage, talking to self in public, hoarding food)
- Negative symptoms (e.g., marked impairment in personal hygiene and grooming; marked lack of initiative, interests, or energy)
- Blunted or inappropriate affect
- Marked social isolation or withdrawal

YES

NO

Go to **C8** (Assessment of Schizophreniform/ Schizoaffective Disorder), **next page**

C4

C6	<p>IF UNCLEAR: During the past year, since (ONE YEAR AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past year,</p>	NO	YES	C6
Past Hx		Past yr	<p>OR A major mood episode (Major Depressive or Manic) concurrent with Criterion A of Schizophrenia at some point in past year</p>	<p>Diagnose: Schizophrenia or Schizoaffective Disorder. Check here ___ if onset after January 2020. Continue with D1 (Differential Diagnosis of Mood Disorders), next page.</p>	

C8	<p>IF UNCLEAR: During the past year, since (ONE YEAR AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past year,</p>	NO	YES	C8
Past Hx		Past yr	<p>OR A major mood episode (Major Depressive or Manic) concurrent with Criterion A of Schizophrenia at some point in past year</p>	<p>Diagnose: Schizophreniform or Schizoaffective Disorder. Check here ___ if onset after January 2020. Continue with D1 (Differential Diagnosis of Mood Disorders), next page.</p>	

D. DIFFERENTIAL DIAGNOSIS OF MOOD DISORDERS

D1	If there have never been any clinically significant mood symptoms go to F42 (Generalized Anxiety Disorder), page 34 Otherwise continue with D2 .	D1
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CRITERIA FOR BIPOLAR I DISORDER

D2	A. Criteria have been met for at least one Manic Episode either during the past year or prior to the past year [A40/A65].	D2									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 5%; border: none; text-align: center;">↓</td> <td style="width: 45%; border: none;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">→</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding-left: 10px;">Go to D11 (Criteria for MDD)</td> </tr> </table>	YES	↓	NO			→			Go to D11 (Criteria for MDD)	
YES	↓	NO									
		→									
		Go to D11 (Criteria for MDD)									
D3	B. At least one Manic Episode(s) is <u>not</u> better explained by, and is <u>not</u> superimposed on, Schizophrenia/Schizoaffective Disorder.	D3									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 5%; border: none; text-align: center;">↓</td> <td style="width: 45%; border: none;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">→</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding-left: 10px;">Go to D11 (Criteria for MDD)</td> </tr> </table>	YES	↓	NO			→			Go to D11 (Criteria for MDD)	
YES	↓	NO									
		→									
		Go to D11 (Criteria for MDD)									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">BIPOLAR I DISORDER Continue with D17 (Bipolar I Chronology), next page.</td> </tr> </table>	BIPOLAR I DISORDER Continue with D17 (Bipolar I Chronology), next page .									
BIPOLAR I DISORDER Continue with D17 (Bipolar I Chronology), next page .											

CRITERIA FOR MAJOR DEPRESSIVE DISORDER

D11	A.–C. At least one Major Depressive Episode (A12) in the past year.	D11									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 5%; border: none; text-align: center;">↓</td> <td style="width: 45%; border: none;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">→</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding-left: 10px;">Go to F42 (Generalized Anxiety Disorder), page 34.</td> </tr> </table>	YES	↓	NO			→			Go to F42 (Generalized Anxiety Disorder), page 34 .	
YES	↓	NO									
		→									
		Go to F42 (Generalized Anxiety Disorder), page 34 .									
D12	D. The Major Depressive Episode is <u>not</u> better explained by, and is <u>not</u> superimposed on, Schizophrenia/Schizoaffective Disorder.	D12									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 5%; border: none; text-align: center;">↓</td> <td style="width: 45%; border: none;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">→</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding-left: 10px;">Go to F42 (Generalized Anxiety Disorder), page 34.</td> </tr> </table>	YES	↓	NO			→			Go to F42 (Generalized Anxiety Disorder), page 34 .	
YES	↓	NO									
		→									
		Go to F42 (Generalized Anxiety Disorder), page 34 .									
D13	E. There has never been a Manic Episode. [Note: DSM-5 also requires that there has never been a hypomanic episode as well] Note: This exclusion does not apply if all of the manic-like episodes are substance/medication-induced or are attributable to the physiological effects of another medical condition.	D13									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 5%; border: none; text-align: center;">↓</td> <td style="width: 45%; border: none;">NO</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">→</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding-left: 10px;">Bipolar I Disorder should have been previously diagnosed. Go back to D2 (Criteria for Bipolar I Disorder), above.</td> </tr> </table>	YES	↓	NO			→			Bipolar I Disorder should have been previously diagnosed. Go back to D2 (Criteria for Bipolar I Disorder), above .	
YES	↓	NO									
		→									
		Bipolar I Disorder should have been previously diagnosed. Go back to D2 (Criteria for Bipolar I Disorder), above .									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">MAJOR DEPRESSIVE DISORDER Check here ____ if onset after January 2020 Continue with D24 (Depressive Chronology), next page</td> </tr> </table>	MAJOR DEPRESSIVE DISORDER Check here ____ if onset after January 2020 Continue with D24 (Depressive Chronology), next page	D13a								
MAJOR DEPRESSIVE DISORDER Check here ____ if onset after January 2020 Continue with D24 (Depressive Chronology), next page											

MOOD CHRONOLOGY

D17	<p>→ For BIPOLAR I DISORDER,</p>	<p>Has met symptomatic criteria for a Manic Episode in the past year</p>	<p>NO</p>	<p>YES ↓</p>	D17
<p>Diagnose: Bipolar I Disorder, manic. Check here ___ if onset after January 2020 Continue with F42 (Generalized Anxiety Disorder), next page.</p>		D17a			
		<p>Has met symptomatic criteria for a Major Depressive Episode in the past year and for a Manic Episode prior to the past year (bipolar depression)</p>	<p>NO</p>	<p>YES ↓</p>	D18
<p>Diagnose: Bipolar I Disorder, depressed / Check here ___ if onset after January 2020 Continue with F42 (Generalized Anxiety Disorder), next page.</p>		D18a			
D24	<p>→ For MAJOR DEPRESSIVE DISORDER:</p>	<p>Has met symptomatic criteria for a Major Depressive Episode in the past year.</p>	<p>NO</p>	<p>YES ↓</p>	D24
<p>Diagnose: Major Depressive Disorder Check here ___ if onset after January 2020 Continue with F42 (Generalized Anxiety Disorder), next page.</p>		D24a			

GENERALIZED ANXIETY DISORDER (PAST YEAR)		GENERALIZED ANXIETY DISORDER CRITERIA	
<p>F42</p> <p>[IF UNBLINDGAD = YES] In your earlier interview you mentioned that you have had times in the past year when you felt worried, nervous or anxious for a lot of the time. I'd like to ask you some more questions about those times.</p> <p>[ALL] Over the past 12 months, since (12 MONTHS AGO), have you been feeling anxious and worried for a lot of the time? (Tell me about that.)</p> <p>What kinds of things have you worried about? (What about your health, your family members, your finances, your safety, or being written up?) How much did you worry about (EVENTS OR ACTIVITIES)? What else have you worried about?</p> <p>Have you worried about (EVENTS OR ACTIVITIES) even when there was no reason? (Have you worried more than most people would in your circumstances? Has anyone else thought you worried too much? Have you worried more than you should have given your actual circumstances?)</p> <p>During the last 12 months, has there been a period of time lasting at least 6 months in which you have been worrying more days than not?</p>	<p>A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).</p>	<p>— +</p> <p>↓</p> <p>Go to G1 (OCD), page 37.</p>	<p>F42</p>
<p>F43</p> <p>When you're worrying this way, have you found that it's hard to stop yourself or to think about anything else?</p>	<p>B. The individual finds it difficult to control the worry.</p>	<p>— +</p> <p>↓</p> <p>Go to G1 (OCD), page 37.</p>	<p>F43</p>
<p>F44</p> <p>Now I am going to ask you some questions about symptoms that often go along with being nervous or worried.</p> <p>Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...</p>	<p>C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):</p>		<p>F44</p>
<p>F45</p> <p>...have you often felt physically restless, like you couldn't sit still?</p>	<p>1. Restlessness or feeling keyed up or on edge.</p>	<p>— +</p>	<p>F45</p>
<p>F46</p> <p>(Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...) ...have you often felt keyed up or on edge?</p>			<p>F46</p>
<p>F47</p> <p>...have you often tired easily?</p>	<p>2. Being easily fatigued.</p>	<p>— +</p>	<p>F47</p>
<p>F48</p> <p>(Thinking about those periods in the past 12 months when you have been feeling nervous, anxious, or worried...) ...have you often had trouble concentrating or has your mind often gone blank?</p>	<p>3. Difficulty concentrating or mind going blank.</p>	<p>— +</p>	<p>F48</p>

F49	<p>...have you often been irritable?</p>	<p>4. Irritability.</p>	<p>— +</p>	F49
F50	<p>...have your muscles often been tense?</p>	<p>5. Muscle tension.</p>	<p>— +</p>	F50
F51	<p>...have you often had trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?</p>	<p>6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).</p>	<p>— +</p>	F51
F52		<p>AT LEAST THREE OF THE ABOVE CRITERION C SXS (F45–F51) ARE RATED “+”.</p>	<p>— +</p> <p style="text-align: center;">↓</p>	F52
F53	<p>IF UNKNOWN: Are you taking any medications or other health remedies because of (GAD SXS)? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (GAD SXS)? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for (GAD SXS)? Tell me about that.</p> <p>IF NO TO ALL OF ABOVE AND UNCLEAR: What effect have (GAD SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY IF NEEDED</u>:</p> <p>How have (GAD SXS) affected your relationships or your interactions with other people? (Have [GAD SXS] caused you any problems in your relationships with your family, friends, other inmates, or correctional staff?)</p> <p>How have (GAD SXS) affected your work/schoolwork? (How about your attendance at work/school? Have [GAD SXS] made it more difficult to do your work/schoolwork? Have [GAD SXS] affected the quality of your work/schoolwork?)</p> <p>How have (GAD SXS) affected your ability to follow the prison schedule? How about doing other things that are important to you, like religious activities, physical exercise, hobbies, or keeping in touch with family? Have you avoided doing anything because you felt like you weren't up to it?</p> <p>Has your anxiety or worry affected any other important part of your life?</p> <p>IF IMPAIRMENT JUDGED TO BE MILD OR LESS: How much have you been bothered or upset by having (GAD SXS)?</p>	<p>D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>Treatment for sx: Code “+” if “YES” to any of the first three questions.</p> <p>Impairment due to sx: Code “+” if judged to be moderate or greater</p> <p>Distress: Code “+” if judged to be moderate or greater</p>	<p>— +</p> <p style="text-align: center;">↓</p>	F53

Go to G1 (OCD), page 37.

Go to G1 (OCD), page 37.

F55

[Empty box for notes]

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive-Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, reminders of traumatic events in Posttraumatic Stress Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder, having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).

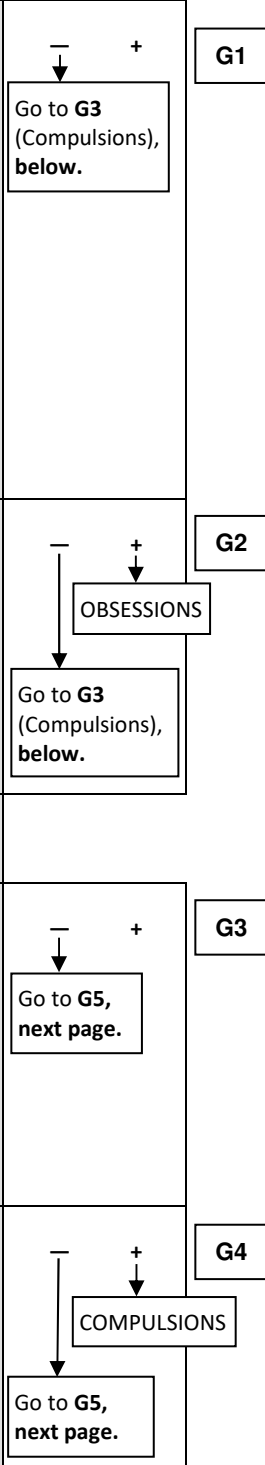
NO	YES
↓	↓
Go to G1 (OCD), next page.	

F55

Diagnose: Generalized Anxiety Disorder, Past 12 Months.
Check here ___ if onset after January 2020
Continue with **G1** (Obsessive-Compulsive Disorder), next page.

F55a

	OBSESSIVE-COMPULSIVE DISORDER (PAST YEAR)	OBSESSIVE-COMPULSIVE DISORDER CRITERIA
	<p>In the past year, since (12 MONTHS AGO)...</p>	<p>A. Presence of obsessions, compulsions, or both:</p> <p>Obsessions are defined by (1) and (2):</p>
G1	<p>...have you been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way? (What were they?)</p> <p>How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one? (What were they?)</p> <p>How about having images popping into your head that you didn't want, like violent or horrible scenes or something of a sexual nature? (What were they?)</p> <p>IF YES TO ANY OF ABOVE: Have these (THOUGHTS/URGES/IMAGES) made you very anxious or upset?</p>	<p>1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.</p>
G2	<p>When you had these (THOUGHTS/URGES/IMAGES) did you try hard to get them out of your head? (What would you try to do?)</p>	<p>2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).</p>
	<p>Compulsions are defined by (1) and (2):</p>	
G3	<p>In the past year since (12 MONTHS AGO), was there anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right?</p> <p>Tell me about that. (What did you have to do?)</p>	<p>1. Repetitive behaviors (e. g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.</p>
G4	<p>IF UNCLEAR: Why did you have to do (COMPULSIVE ACT)? What would happen if you didn't do it?</p> <p>IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? Are you doing (COMPULSIVE ACT) more than really makes sense?</p>	<p>2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.</p>



G5	<p>CHECK FOR OBSESSIONS AND/OR COMPULSIONS</p>	<p>PRESENCE OF OBSESSIONS (G2 RATED "+") OR COMPULSIONS (G4 RATED "+")</p>	<p>NO YES ↓ Go to G9 (PTSD), page 39.</p>	G5
G6	<p>IF UNCLEAR: How much time have you spent on (OBSESSION OR COMPULSION)?</p> <p>IF UNKNOWN: Are you taking any medications or other health remedies because of (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNKNOWN: Have other people suggested that you ought to seek help for (OBSESSION OR COMPULSION)? Tell me about that.</p> <p>IF UNCLEAR: What effect did these (OBSESSIONS OR COMPULSIONS) have on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your relationships or your interactions with other people? (Have [OBSESSIONS OR COMPULSIONS] caused you any problems in your relationships with your family, friends, other inmates, or correctional staff?)</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your work/school? (How about your attendance at work/school? Have [OBSESSIONS OR COMPULSIONS] made it more difficult to do your work/schoolwork? Have [OBSESSIONS OR COMPULSIONS] affected the quality of your work/schoolwork?)</p> <p>How have (OBSESSIONS OR COMPULSIONS) affected your ability to follow the prison schedule? How about doing other things that are important to you, like religious activities, physical exercise, hobbies, or keeping in touch with family?</p> <p>Have (OBSESSIONS OR COMPULSIONS) affected any other important part of your life?</p> <p>IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered by having (OBSESSIONS OR COMPULSIONS)?</p>	<p>B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning</p> <p>Treatment for sx: Code "+" if "YES" to any of the first three questions.</p> <p>Impairment due to sx: Code "+" if judged to be moderate or greater</p> <p>Distress: Code "+" if judged to be moderate or greater</p>	<p>- + ↓ Go to G9 (PTSD) page 39.</p>	G6

G7a

Diagnose Obsessive Compulsive Disorder, Past 12 Months. Check here ___ if onset after January 2020. Continue with G9 (PTSD), next page

POSTTRAUMATIC STRESS DISORDER	
<p>I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.</p> <p>SCREEN FOR EACH TYPE OF TRAUMA. IF EVENT HAPPENED WITHIN THE PAST MONTH, INQUIRE IF THERE WAS ANOTHER EVENT OF THIS TYPE THAT HAPPENED PRIOR TO THE LAST MONTH.</p>	
<p>Have you ever been in a life-threatening situation like a major disaster or fire, in combat, or a serious car or work-related accident?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>What about being physically assaulted or abused, or threatened with physical assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>What about being sexually assaulted or abused, or threatened with sexual assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>Have you ever seen another person killed or dead, or badly hurt?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>How about learning that one of these things happened to someone you are close to?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>IF UNKNOWN: Have you ever been the victim of a serious crime?</p>	<p>INTERVIEWER CODE: NO YES</p>
<p>IF NO EVENTS ENDORSED: What would you say has been the most stressful or traumatic experience you have had over your life?</p>	
<p>IF NO EVENTS ACKNOWLEDGED, CONTINUE WITH H1 (Anorexia Nervosa), page 50.</p>	

G9a

G9b

G9c

G9d

G9e

G9f

G9g

G9h

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 10px;">G10</div> <p>IF MORE THAN ONE EVENT REPORTED: Which of (EVENTS REPORTED ABOVE) would you say has affected you the most or caused you the most problems during the past 12 months, since (12 MONTHS AGO)?</p> <p>ASK AS MANY QUESTIONS AS NEEDED TO DETERMINE WHETHER TRAUMA MEETS CRITERION A REQUIREMENTS</p> <p>IF DIRECT EXPOSURE TO TRAUMA:</p> <p>What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?</p> <p>IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:</p> <p>What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?</p> <p>IF LEARNED ABOUT TRAUMATIC EVENT:</p> <p>What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)</p> <p>IF EVENT DOES NOT MEET CRITERION A, THEN EVALUATE NEXT MOST IMPACTFUL EVENT UNTIL AN EVENT MEETS CRITERION A. IF NO EVENTS MEET CRITERION A, THEN CODE "--" AND SKIP TO NEXT SECTION PAGE 50.</p>	<p>A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:</p> <ol style="list-style-type: none"> 1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event(s) as it occurred to others. 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). <p>Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.</p> <p>INDICATE EVENT THAT AFFECTED RESPONDENT THE MOST AND MEETS CRITERION A, THEN CONTINUE WITH NEXT PAGE:</p> <p>CRITERION A EVENT #1:</p> <p>_____</p> <p>IF NEEDED TO REPEAT QUESTIONS, RECORD APPLICABLE TRAUMATIC EVENTS BELOW, THEN CONTINUE WITH QUESTIONS ON NEXT PAGE:</p> <p>CRITERION A EVENT #2:</p> <p>_____</p> <p>CRITERION A EVENT #3:</p> <p>_____</p>	<p>— +</p> <p style="font-size: 2em;">↓</p>	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 10px;">G10</div>
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Continue with questions on Page 41 for this traumatic event.</p> </div> <p style="font-size: 2em;">↓</p>	
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Skip to next section, Page 50</p> </div>	

<p>G13_2</p> <p>DETERMINE WORST MONTH WITHIN THE PAST YEAR IN TERMS OF SEVERITY OF THE REACTION SEPARATELY FOR EACH SELECTED TRAUMA:</p> <p>→ IF SELECTED TRAUMATIC EVENT OCCURRED <u>PRIOR TO</u> THE PAST YEAR: In the past year, since (12 MONTHS AGO), have you had thoughts about (SELECTED TRAUMATIC EVENT) that kept coming back to you even when you didn't want to think about them?</p> <p>→ IF SELECTED TRAUMATIC EVENT OCCURRED DURING THE PAST YEAR: Since (TRAUMATIC EVENT), have you had thoughts about (SELECTED EVENT) that kept coming back to you even when you didn't want to think about them?</p> <p>How about bad dreams about (TRAUMATIC EVENT[S]) or the feeling that you were back in the situation again?</p> <p>What about getting physical symptoms—like breaking out in a sweat, or your heart pounding or racing-- or feeling very upset when something or someone reminded you of (TRAUMATIC EVENT)?</p> <p><i>NOTE: IF RESPONDENT HAS EXPERIENCED NO PTSD ISSUES OR SXS FOR THE PAST 12 MONTHS, CODE “-“ TO SKIP TO THE NEXT MODULE.</i></p>	<p>— +</p> <p>↓</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Continue with questions below for this traumatic event.</p> </div> <p>↓</p>		
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>→ IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 50</p>			
<p>G13_3</p> <p>DETERMINE WORST MONTH WITHIN THE PAST YEAR IN TERMS OF REACTION TO THE TRAUMA</p> <p>IF YES TO ANY G13_1: During the past year, during which month would you say that (ACKNOWLEDGED PTSD SXS) happened the most often or were the most upsetting to you?</p> <p>REFER TO <u>THAT PARTICULAR MONTH</u> FOR THE FOLLOWING QUESTIONS. IF NO ONE PARTICULAR MONTH STANDS OUT AS MOST SEVERE, USE INSTEAD PAST MONTH FOR THE FOLLOWING QUESTIONS.</p> <p>Indicate month chosen: _____</p>			
G13	<p>Now I'd like to ask a few questions about specific ways that (TRAUMATIC EVENT) may have affected you during [MONTH SELECTED ABOVE].</p> <p>For example, during that month...</p>	<p>B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p>	
G14	<p>...did you have memories of (TRAUMATIC EVENT), including feelings, physical sensations, sounds, smells, or images, when you didn't expect to or want to? How often did that happen during (MONTH)?</p>	<p>1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).</p> <p style="text-align: center;">— +</p>	G14
G15	<p>...what about repeatedly having upsetting dreams that reminded you of (TRAUMATIC EVENT)? Tell me about that. How often did this happen during (MONTH)?</p>	<p>2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic events.</p> <p style="text-align: center;">— +</p>	G15

G16	<p>...what about finding yourself acting or feeling as if you were back in the situation? (Have you had “flashbacks” of [TRAUMATIC EVENT]?)</p>	<p>3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)</p>	<p>— +</p>	G16
<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you have a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)?</p> <p>Give me some examples of the kinds of things that would have triggered this reaction. (Things like...seeing a person who resembles the person who attacked you, being in the place where you were attacked, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat?)</p> <p>NOTE: IF DENIES EMOTIONAL OR PHYSICAL REACTION TO REMINDERS, CODE “—” FOR BOTH G17 (EMOTIONAL REACTION) AND G18 (PHYSICAL REACTION).</p>				
G17	<p>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away? (For how long do the symptoms last?)</p>	<p>4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p>— +</p>	G17
G18	<p>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What about having physical symptoms—like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of (TRAUMATIC EVENT)? How about feeling tense or shaky?</p>	<p>5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p>— +</p>	G18
G19	<p>AT LEAST ONE OF THE ABOVE CRITERION B SXS (G14–G18) IS RATED “+”.</p>		<p>NO YES</p>	G19
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p>			<p>Continue with questions on Page 43 for this traumatic event.</p>	
<p>→ IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 50</p>				

	<p>C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:</p>	
<p>G20</p>	<p>...did you do things to avoid remembering or thinking about (TRAUMATIC EVENT), like keeping yourself busy, distracting yourself by playing cards, reading, watching TV, playing sports, or hanging out with others? How long did this go on? (Did this happen for almost all the time during (MONTH SELECTED ABOVE))?</p> <p>IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)? (Has this happened for almost all the time during (MONTH SELECTED ABOVE))?</p>	<p>1. Avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).</p> <p>— +</p>
<p>G21</p>	<p>...were there things, places, or people that you tried to avoid because they brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)? (Was this for almost all the time during (MONTH SELECTED ABOVE))?</p> <p>IF NO: How about avoiding certain activities, situations, or topics of conversation? (Did this happen for almost all the time during (MONTH SELECTED ABOVE))?</p>	<p>2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations), that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).</p> <p>— +</p>
<p>G22</p>	<p>AT LEAST ONE OF THE ABOVE CRITERION C SXs (G20–G21) IS RATED “+”.</p>	<p>NO YES</p> <p>↓ ↓</p>
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>→ IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 50</p>		

G20

G21

G22

Continue with questions on Page 44 for this traumatic event.

	<p>During (MONTH SELECTED ABOVE)...</p>	<p>D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p>			
G23	<p>...Were you unable to remember some important part of what happened? (Tell me about that.) How many times did this happened?</p> <p>IF YES: Did you get a head injury during (TRAUMATIC EVENT)?</p>	<p>1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).</p>	—	+	G23
G24	<p>...was there a change in how you thought about yourself? (Like feeling you were “bad,” or permanently damaged or “broken”?) Tell me about that. How long did you feel this way about yourself? (Did you feel this way almost all of the time during (MONTH SELECTED)?)</p> <p>IF NO: Was there been a change in how you see other people or the way the world works? Like you couldn’t trust anyone anymore? Like the world was a completely dangerous place? Tell me about that. How long did you think this way? Did you feel this way almost all of the time during (MONTH SELECTED)?</p>	<p>2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).</p>	—	+	G24
G25	<p>(During [MONTH SELECTED]...)</p> <p>...did you blame yourself for the (TRAUMATIC EVENT) or how it affected your life? (Like thinking that [TRAUMATIC EVENT] was your fault or that you should have done something to prevent it? Like thinking that you should have gotten over it by now?)</p> <p>→ IF YES: Tell me about it. Did you think this way about yourself almost all of the time during (MONTH SELECTED)?</p> <p>→ IF NO: Did you blame someone else for (TRAUMATIC EVENT)? Tell me about that. (What did they have to do with [TRAUMATIC EVENT]?) Did you think this way almost all of the time during (MONTH SELECTED)?</p>	<p>3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.</p>	—	+	G25
G26	<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you have bad feelings a lot of the time, like feeling sad, angry, afraid, guilty, ashamed, or numb? (Tell me</p>	<p>4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).</p>	—	+	G26

	<p>about that.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p>			
G27	<p>(During [MONTH SELECTED]...)</p> <p>...were you a lot less interested in things that you were interested in before (TRAUMATIC EVENT), like having visits with family or friends, spending time with other inmates, reading books, watching TV, or exercising? (Tell me about that.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF NO LOSS OF INTEREST: Were you still doing as many activities as you were before (TRAUMATIC EVENT)? (Were you involved in fewer activities almost all of the time during (MONTH SELECTED)?</p>	5. Markedly diminished interest or participation in significant activities.	— +	G27
G28	<p>(During [MONTH SELECTED]...)</p> <p>...did you feel distant or disconnected from others or did you close yourself off from other people almost all of the time during (MONTH SELECTED)? (Tell me about that.)</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p> <p>Did you feel this way almost all of the time during (MONTH SELECTED)?</p>	6. Feelings of detachment or estrangement from others.	— +	G28
G29	<p>...were you unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender toward other people? (Tell me about that.) How long were you unable to experience good feelings? (Were you unable to experience good feelings almost all of the time during (MONTH SELECTED)?</p> <p>IF YES: Was this different from the way you were before (TRAUMATIC EVENT)?</p>	7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).	— +	G29

G30		AT LEAST THREE OF THE ABOVE CRITERION D SXS (G23–G29) ARE RATED “+”.	NO YES	G30
HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED? IF YES: Go back to G10, page 40 , record next most traumatic event, and cycle again through items to determine if full criteria are met. IF NO: Skip to H1 (Anorexia Nervosa), p. 50				
During (MONTH SELECTED ABOVE)... <p style="text-align: right;">E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p>				
G31	...did you lose control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?) How often did this happen during (SELECTED MONTH)? IF NO: Since (TRAUMATIC EVENT), were you more quick-tempered or have a shorter “fuse” than before? How often did this happen during (SELECTED MONTH)? IF YES TO EITHER: How different was this from the way you were before (TRAUMATIC EVENT)?	1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.	— +	G31
G32	...did you do reckless things, like pick fights or ignore prison rules without caring about the consequences? How often did this happen during (SELECTED MONTH)? IF NO: How about hurting yourself on purpose or trying to kill yourself? (What did you do?) How often did this happen during (SELECTED MONTH)? IF YES TO EITHER: How different was this from the way you were before (TRAUMATIC EVENT)?	2. Reckless or self-destructive behavior. Note: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.	— +	G32

Continue with questions below for this traumatic event.

G33	<p>During (MONTH SELECTED ABOVE)...</p> <p>...did you notice that you were more watchful or on guard? (Give me some examples.) Did you feel this way almost all of the time during (MONTH SELECTED)?</p> <p>IF NO: Were you extra aware of your surroundings and your environment? Did you feel this way most of the time during (MONTH SELECTED)?</p> <p>IF YES TO EITHER: How different was this from the way you were before (TRAUMATIC EVENT)?</p>	3. Hypervigilance.	- +	G33
G34	<p>...were you jumpy or easily startled, like by sudden noises? (Was this a change from before [TRAUMATIC EVENT]?) Did you feel this way most of the time during (MONTH SELECTED)</p>	4. Exaggerated startle response.	- +	G34
G35	<p>...did you have trouble concentrating? What are some examples? (Was this a change from before [TRAUMATIC EVENT]?) Did you feel this way most of the time during (MONTH SELECTED)?</p>	5. Problems with concentration.	- +	G35
G36	<p>...how were you sleeping during (MONTH SELECTED)? (Was this a change from before [TRAUMATIC EVENT]?) Did you have trouble for most of the time during (MONTH SELECTED)?</p>	6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).	- +	G36
G37	<p>AT LEAST TWO OF THE ABOVE CRITERION E SXS (G31–G36) ARE RATED “+”.</p>		<p>NO YES</p> <p>↓ ↓</p>	G37
<p>HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?</p> <p>→ IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.</p> <p>→ IF NO: Skip to H1 (Anorexia Nervosa), p. 50</p>				

Continue with questions on Page 48 for this traumatic event.

G38

IF UNCLEAR: About how long did these (PTSD SXS RATED "+") last altogether?

F. Duration of the disturbance [symptoms in Criteria B (G19), C (G22), D (G30), and E (G37)] is more than 1 month.

— +

G38

Continue with questions below for this traumatic event.

HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?

- IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.
- IF NO: Skip to H1 (Anorexia Nervosa), p. 50

G39

IF UNKNOWN: Are you taking any medications or other health remedies because of (PTSD SXS)? Tell me about that.

IF UNKNOWN: Are you seeing a doctor, a therapist, or a counselor for (PTSD SXS)? Tell me about that.

IF UNKNOWN: Have other people suggested that you ought to seek help for (PTSD SXS)? Tell me about that.

IF UNCLEAR: What effect did (PTSD SXS DURING MONTH SELECTED) have on your life?

ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:

How did (PTSD SXS) affect your relationships or your interactions with other people? (Did [PTSD SXS] cause you any problems in your relationships with your family, friends, other inmates, or correctional staff?)

How did (PTSD SXS) affect your work/school? (How about your attendance at work/school? Did [PTSD SXS] make it more difficult to do your work/schoolwork? Did [PTSD SXS] affect the quality of your work/schoolwork?)

How did [PTSD SXS] affect your ability to follow the prison schedule? What about being involved in things that were important to you, like religious activities, physical exercise, hobbies, or keeping in touch with family?

Did (PTSD SXS) affect any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much were you bothered or upset by (PTSD SXS)?

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Treatment for sx: Code "+" if "YES" to any of the first three questions.

Impairment due to sx: Code "+" if judged to be moderate or greater

Distress: Code "+" if judged to be moderate or greater

— +

G39

Continue with questions on Page 49 for this traumatic event.

HAVE ANY OTHER TRAUMATIC EVENTS BEEN REPORTED?

- IF YES: Go back to G10, page 40, record next most traumatic event, and cycle again through items to determine if full criteria are met.
- IF NO: Skip to H1 (Anorexia Nervosa), p. 50

G41		CRITERIA B (G19), C (G22), D (G30), and E (G37) ARE RATED "YES" AND CRITERION G (G39) (CLINICAL SIGNIFICANCE) IS RATED "+"	NO YES ↓	G41
Diagnose: Posttraumatic Stress Disorder (past year). Check here ___ if onset after January 2020 Go to H1 (Anorexia Nervosa), p. 50				G41a

	ANOREXIA NERVOSA PAST YEAR	ANOREXIA NERVOSA CRITERIA	
H1	<p>Have you had a time over the past 12 months when you weighed much less than other people thought you ought to weigh?</p> <p><i>IF YES: Why was that? How much did you weigh? How old were you then? How tall were you?</i></p>	<p>Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 52</p>
H2	<p>At that time, were you very afraid that you could become fat?</p> <p><i>IF NO: Tell me about your eating habits. (Have you avoided high calorie foods or high fat foods? How strict are you about it? Have you ever thrown up after you eaten? How often? Do you exercise a lot after you eat?)</i></p>	<p>B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though underweight.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 52</p>
H3	<p>At your lowest weight, did you still feel too fat or that part of your body was too fat?</p> <p><i>IF NO: Did you need to be very thin in order to feel better about yourself?</i></p> <p><i>IF NO AND LOW WEIGHT IS MEDICALLY SERIOUS: When you were that thin, did anybody tell you it could be dangerous to your health to be that thin? (What did you think?)</i></p>	<p>C. Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.</p>	<p>— +</p> <p>↓</p> <p>Go to Possible Association with COVID, page 52</p>

Diagnose: Anorexia Nervosa, Past 12 Months **Check here** ___ **if onset after January 2020**

Continue with Possible Association with COVID, page 52

H3a

Possible Etiologies for Manic Episodes:

Possibly etiological GMCs include Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease, Lewy body disease, Wernicke-Korsakoff syndrome, Cushing's disease, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's disease, Pick's disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, and hyperthyroidism.

Possibly etiological substance include alcohol (I/W); phencyclidine (I); hallucinogens (I); sedatives, hypnotics, and anxiolytics (I/W); amphetamines (I/W); cocaine (I/W);

Possibly etiological medications include corticosteroids; androgens; isoniazid; levodopa; interferon-alpha; varenicline; procarbazine; clarithromycin; and ciprofloxacin.

Possible Etiologies for Psychotic Symptoms:

Possibly etiological GMCs include neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Possibly etiological substances include alcohol (I/W); cannabis (I); hallucinogens (I), phencyclidine and related substances (I); inhalants (I); sedatives, hypnotics, and anxiolytics (I/W); stimulants (including cocaine) (I);

Possibly etiological medications include anesthetics and analgesics; anticholinergic agents; anticonvulsants; antihistamines; antihypertensive and cardiovascular medications; antimicrobial medications; antiparkinsonian medications; chemotherapeutic agents (e.g., cyclosporine, procarbazine); corticosteroids; gastrointestinal medications; muscle relaxants; nonsteroidal anti-inflammatory medications; other over-the-counter medications (e.g., phenylephrine, pseudoephedrine); antidepressant medication; and disulfiram.]

Possibly etiological toxins include anticholinesterase, organophosphate insecticides, sarin and other nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as fuel or paint.

THIS ITEM HAS ALREADY BEEN ASKED AS PART OF THE OVERVIEW AND HAS BEEN PREPOPULATED BASED ON INFORMATION PREVIOUSLY OBTAINED:

IF UNKNOWN: How were you affected by the coronavirus pandemic? (Did you or someone close to you need to be hospitalized for treatment? Did you lose someone whom you were close to? How about the financial implications for people close to you related to the crisis?)

QUESTIONS TO DETERMINE POSSIBLE ASSOCIATION OF EACH PAST 12 MONTH DIAGNOSIS WITH CORONAVIUS AND ASSOCIATED STRESSORS:

(FILL OUT THIS PAGE SEPARATELY FOR EACH PAST 12 MONTH DIAGNOSIS)

FOR EACH DISORDER DIAGNOSED IN PAST 12 MONTHS:

IF UNKNOWN: When did [SXS OF DIAGNOSED DISORDER] start?

▶ IF ONSET SINCE START OF CORONAVIRUS PANDEMIC IN JANUARY 2020:

IF UNKNOWN: What was going on in your life when (SXS) started?

Do you think (SXS) were due to the effects of the coronavirus pandemic on your life?

▶ IF ONSET PRIOR TO START OF CORONAVIRUS PANDEMIC IN JANUARY 2020: Did (SXS) become worse since the start of the pandemic?

IF YES: When did they get worse? How much worse? Do you think they got worse because of the effects of the coronavirus pandemic on your life?

BASED ON ALL AVAILABLE INFORMATION, INDICATE FOR EACH 12-MONTH DIAGNOSIS THE LIKELIHOOD THAT DISORDER OCCURRING IN PAST 12 MONTHS WAS DUE TO THE EFFECTS OF CORONAVIRUS PANDEMIC: (INCLUDING ECONOMIC EFFECTS)

1 2 3 4 5 6 7 8 9 10

Not at all likely

Somewhat likely

Very likely

SHORT BLESSED TEST

THE SHORT BLESSED TEST IS TO BE COMPLETED AT ANY POINT DURING THE INTERVIEW IF THE RESPONDENT APPEARS TO BE COGNITIVELY IMPAIRED.

ERROR SCORES

SB-1. What year is it now? _____
CIRCLE 4 FOR ANY ERROR..... 0 4

SB-2. What month is it now? _____
CIRCLE 3 FOR ANY ERROR..... 0 3

Please repeat this phrase after me: John Brown, 42 Market Street, Chicago.

NO SCORE – FOR ITEM SB-6.

SB-3. About what time is it? _____
CIRCLE 3 FOR ANY ERROR..... 0 3

SB-4. Please count backwards from 20 to 1.
[20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]
2 PER ERROR..... 0 2 4

SB-5. Please say the months of the year in reverse order.
[DEC, NOV, OCT, SEP, AUG, JUL, JUN, MAY, APR, MAR, FEB, JAN]
2 PER ERROR..... 0 2 4

SB-6. Please repeat the phrase I asked you to repeat before.

[JOHN BROWN/ 42 MARKET STREET/ CHICAGO]

2 PER ERROR..... 0 2 4 6 8 10

TOTAL NUMBER OF ERRORS IN SB-1 TO SB-6: _____

IF THE TOTAL NUMBER OF ERRORS IS GREATER THAN 10, TERMINATE THE INTERVIEW.

Attachment G

Informed Consent Forms

- 1) Screening Survey Informed Consent
- 2) Household Consent to Participate
- 3) Hospital Volunteers Consent to Participate
- 4) Jail Volunteers Consent to Participate
- 5) Prisoner Volunteers Consent to Participate
- 6) Shelter Volunteers Consent to Participate
- 7) Proxy Consent to Participate

NSMH Screening Survey Informed Consent

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

Key Information

Your address was randomly chosen for the National Study of Mental Health. This is a research study about mental health and tobacco, alcohol and drug use. If you choose to take part in the study, you will be one of about 44,500 people to do so.

We would like to conduct a short screening survey with you to determine if you are eligible to be interviewed for the overall study.

If you decide to participate you can complete the screening survey online or by telephone, by mail, or a professional interviewer will come to your home to complete the survey in person.

The screening survey should take about 15 minutes to complete and you will receive a \$20 electronic gift card or \$20 cash if in person. This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. You might find some of the questions we ask to be upsetting or stressful. Your participation is voluntary, and you can refuse to answer any questions.. Although, you may not be able to skip, refuse, or answer ‘don’t know’ to some questions depending on whether you are answering the questions over video, phone, or in-person.

It is up to you whether or not to be in this study. The following information is meant to help you decide.

General Information

This study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), collects information for research and program planning by asking about:

- Mental health;
- Health behaviors;
- Access to, and use of, medical care or treatment; and
- Tobacco, alcohol, and drug use or non-use.

We will be asking questions about substance abuse and mental health. You cannot be identified through any information you give us. Your name and address will never be connected to your answers. In addition, federal law requires us to keep all your answers confidential. Any answers you give will only be used by authorized researchers for statistical purposes. Your participation is voluntary and you can stop at any time. Your alternative is not to participate, and there is no expected benefit to you from your participation in the study

This screening survey will take about 15 minutes and we will e-mail you a \$20 electronic gift card or give you \$20 cash when you finish. We will request your email address at the end of this survey. It will only be used to send you the gift card, and to contact you if you are selected for the main interview. It will not be stored with your answers There will be no additional costs to you for participating in this short survey, other than your normal phone, internet or data plan charges if applicable.

If you are chosen for the main interview, it will be done on a different day that we will schedule at your convenience. The interview takes about 80 minutes, on average.

Each person who is chosen and completes the interview will receive a \$30 electronic gift card or \$30 cash if in person.

Protecting Your Confidentiality

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

Whom To Contact About This Study

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the contact information on the first page of this consent.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser

Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046

- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00042170.

Do you agree to participate in this study?

YES

NO

[IF MODE = IN PERSON FILL: I am recording part of this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview I will stop the recording. We can still do the interview even if you don't want it to be recorded.]

May we record part of the interview?]

YES

NO

[IF MODE = PHONE FILL: This call may be recorded for quality assurance purposes.]

Consent to Participate in a Research Study (Household)

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

[IF MODE = TELEPHONE OR IN PERSON FILL: First I need to share some key information about the study.]

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health. This is a research study about mental health and tobacco, alcohol and drug use, and consists of one interview. If you choose to take part in the study, you will be one of about 7,200 people to do so.

[IF SCREENER MODE = WEB OR TELEPHONE OR IN PERSON OR PRINTED VERSION FILL: If you decide to participate, a trained interviewer will ask the questions either in person, by video teleconference, or by telephone, using a laptop computer. You can be in your home, office, or another private location when you complete the interview. You will be asked for permission to record the interview to ensure the interviewer did it properly.] [IF SCREENER MODE = MAIL OR JAIL FILL: If you decide to participate, I will ask you questions using a laptop computer. I will ask for permission to record the interview to ensure I did it properly.]

You can still be interviewed even if you do not allow the interview to be recorded.

The interview should take about 80 minutes to complete and you will receive \$30. Your participation is voluntary, and you can refuse to answer any questions.

You cannot be identified through any information you give us. Your name and address will never be connected to your answers. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

It is up to you whether or not to be in this study. The following information is meant to help you decide.

WHO IS LEADING THE STUDY?

The person in charge of this study is the study investigator from RTI International, a nonprofit research company in North Carolina. The study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS).

[IF MODE = TELEPHONE OR IN PERSON FILL: Next I will share additional information about the study.]

WHAT IS THIS STUDY ABOUT?

The study will look at how many people in the United States have experienced mental health conditions like depression, anxiety, psychosis, and post-traumatic stress disorder. We are asking people who take part in the study to answer questions about these conditions. We will also ask about using tobacco, alcohol, and drugs.

For the study to be successful, we need to hear from people who have had these experiences and from people who have never had these experiences.

The questions will also ask about your health in general and about healthcare and any mental health or substance abuse treatment you may be getting. The last set of questions asks about household income and involvement with the criminal justice system.

Your name will not be linked to your answers. Your answers will be combined with answers from the other study participants and will be used to understand how many people experience mental health and substance use conditions, and how these conditions impact their quality of life. Also, this information may be used by local, state, and federal agencies to support education, treatment and prevention programs.

[IF MODE = TELEPHONE OR IN PERSON FILL: Now I will share information about your participation in this interview, possible risks or discomforts, as well as possible benefits.]

DO I HAVE TO TAKE PART IN THIS INTERVIEW?

It is your choice whether or not you take part in this study. Even if you decide to start the interview, you may change your mind and stop at any time. If you decide to stop the interview before finishing it, let the interviewer know.

The only alternative is to not participate in the study. If you decide not to take part or to stop the interview, there will not be any penalty and you will not lose any benefits or rights you would normally receive.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

The length of the interview might cause you to feel tired or stressed. Also, you might find some of the questions we ask to be upsetting or stressful. If this happens, you can take a short break or stop the interview and finish it another day. Your participation is voluntary, and you can refuse to answer any of the questions.

WHAT ARE THE POSSIBLE BENEFITS?

This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future.

[IF MODE = TELEPHONE OR IN PERSON FILL: Next I will share if there are any costs associated with your participation, and the payment you will receive for participating, as well as information about confidentiality.]

WILL THERE BE ANY COSTS ASSOCIATED WITH MY PARTICIPATION?

There will be no charge to you for your participation in this study, other than your normal phone, internet or data plan charges if applicable.

WILL I RECEIVE ANY PAYMENT FOR TAKING PART IN THIS STUDY?

Yes, you will receive \$30 if you participate.

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

You cannot be identified through any information you give us. Your name and address will never be connected to your answers. Your answers will be combined with those from the other study participants. The results of the study will come from the combined answers and it won't be possible to identify you. In addition, federal law requires us to keep all your answers confidential. Any information you give us will only be used by authorized personnel for statistical purposes.

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a

child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

[IF MODE = TELEPHONE OR IN PERSON FILL: Here is the information on whom you can contact if you have questions, concerns or complaints about the study.]

WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. .

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6100 Merriweather Dr., Suite 600
Columbia, MD 21044
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00042170.

You are not giving up any of your legal rights by agreeing to be in this study.

Do you agree to participate in this study?

YES
NO

Interview Audio/Video Consent to be administered at the beginning of the Interview

I am [IF PHONE FILL: recording this phone interview;] [IF IN PERSON OR VIDEO: video recording this interview] so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview I will stop the recording You can still do the interview even if you do not want it to be recorded.

May we record this interview?

YES
NO

Consent to Participate in a Research Study Hospital Volunteers

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health. This is a research study about mental health, and tobacco, alcohol, and drug use. If you choose to take part in the study, you will be one of about 7,200 people to do so.

If you decide to participate, I will ask you the questions using a laptop computer. We have arranged with the hospital to talk with you privately. It should take about 90 minutes to complete and you will receive a \$30 deposit to your hospital account or voucher to be used in the hospital store or cafeteria. [IF RECORDING IS ALLOWED IN FACILITY: I will ask for your permission to record the interview to ensure I did it properly. You can still be interviewed even if you do not allow the interview to be recorded.] There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. If you decide not to take part, there will not be any penalty and you will not lose any benefits or rights you would normally receive. Your participation is voluntary, and you can refuse to answer any questions.

You cannot be identified through any information you give us. Your name will not be connected to your answers. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

It is up to you whether or not you are part of this study. The following information is meant to help you decide.

WHO IS LEADING THE STUDY?

The person in charge of this study is the study investigator from RTI International, a nonprofit research company in North Carolina. The study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS).

WHAT IS THIS STUDY ABOUT?

The study will look at how many people in the United States have experienced mental health conditions like depression, anxiety, psychosis, and post-traumatic stress disorder. We are asking people who take part in the study to answer questions about these conditions. We will also ask about using tobacco, alcohol, and drugs.

For the study to be successful, we need to hear from people who have had these experiences and from people who have never had these experiences.

The questions will also ask about your health in general and about healthcare and any mental health or substance abuse treatment you may be getting. The last set of questions asks about household income and involvement with the criminal justice system.

Your name will not be linked to your answers. Your answers will be combined with answers from the other study participants and will be used to understand how many people experience mental health and substance use conditions, and how these conditions impact their quality of life. Also, this information may be used by local, state, and federal agencies to support education, treatment, and prevention programs.

If you participate in the interview, we would also like to receive a copy of your medical records from this hospital. This is separate from this interview, and you will be asked to sign and date a separate form for this. You can consent to the interview and to allow the study staff to receive your medical records, or you can consent to just the interview, or you can choose not to take part in either activity.

DO I HAVE TO TAKE PART IN THIS INTERVIEW?

It is your choice whether or not you take part in this study. Even if you decide to start the interview, you may change your mind and stop at any time. If you decide to stop the interview before finishing it, let me know. The only alternative is to not participate in the study. If you decide not to take part or to stop the interview, there will not be any penalty and you will not lose any benefits or rights you would normally receive.

WHERE IS THE INTERVIEW GOING TO TAKE PLACE, AND HOW LONG WILL IT LAST?

We will do the interview here. It should take about 90 minutes to complete.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

The length of the interview might cause you to feel tired or stressed. Also, you might find some of the questions I ask to be upsetting or stressful. If this happens, you can take a short break or stop the interview and finish it another day, if that is an option. Your participation is voluntary, and you can refuse to answer any of the questions.

WHAT ARE THE POSSIBLE BENEFITS?

This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future.

WILL THERE BE ANY COSTS ASSOCIATED WITH MY PARTICIPATION?

There will be no charge to you for your participation in this study.

WILL I RECEIVE ANY PAYMENT OR REWARD FOR TAKING PART IN THIS STUDY?

«Compensation»

Yes, you can get a \$30 deposit to your hospital account or a voucher to be used in the hospital store or cafeteria.

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

You cannot be identified through any information you give us. Your name will never be connected to your answers. Your answers will be combined with those from the other study participants. The results of the study will come from the combined answers and it won't be possible to identify you. In addition, federal law requires us to keep all your answers confidential. Any information you give us will only be used by authorized personnel for statistical purposes.

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services. This adds special protection for the information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document.

An IRB is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please include the following number when contacting the Study Subject Adviser: Pro00042170.

You are not giving up any of your legal rights by agreeing to be in this study.

Do you agree to participate in this study?

YES

NO

IF VIDEO RECORDING IS ALLOWED: I am video recording this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview I will stop the recording. You can still do the interview even if you do not want it to be recorded.

May we record this interview?

YES

NO

Consent to Participate in a Research Study Jail Volunteers

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health. This is a research study about mental health, and tobacco, alcohol, and drug use. If you choose to take part in the study, you will be one of about 44,500 people to do so.

Today, I would like to conduct a short screening survey with you to determine if you are eligible to be interviewed for the overall study. If you are eligible, that interview would be done after you are released from jail.

The screening survey should take about 15 minutes to complete [IF INCENTIVE IS ALLOWED IN FACILITY: and you will receive (a snack/OTHER INCENTIVE) if you agree to participate]. This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. If you decide not to take part, there will not be any penalty and you will not lose any benefits or rights you would normally receive. You might find some of the questions we ask to be upsetting or stressful. Your participation is voluntary, and you can refuse to answer any questions.

You cannot be identified through any information you give us. Your name will not be connected to your answers.

However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities. If you tell me that you have had sexual contact with another inmate or correctional staff, I may need to inform officials at this jail or authorities outside of the jail who are responsible for protecting jail inmates.

It is up to you whether or not to be in this study. The following information is meant to help you decide.

General Information

This study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), collects information for research and program planning by asking about:

- Mental health;
- Health behaviors;
- Access to, and use of, medical care or treatment; and
- Tobacco, alcohol, and drug use or non-use.

Today, I will be asking questions about mental health. You cannot be identified through any information you give us. Your name and address will never be connected to your answers. In addition, federal law requires us to keep all your answers confidential. Any answers you give will only be used by authorized researchers for statistical purposes. Your participation is voluntary, and you can stop at any time. Your alternative is not to participate, and there is no expected benefit to you from your participation in the study.

«Compensation»

This screening survey will take about 15 minutes [IF INCENTIVE IS ALLOWED IN FACILITY: and you will receive (a snack/OTHER INCENTIVE) if you agree to participate]. There will be no costs to you for participating in this short survey.

If you are chosen for the main interview, it will be done after you are released from jail. The interview takes about 80 minutes, on average. I will give you information on how to reach the study team so that you can contact us to schedule that interview at your convenience.

Each person who is chosen and completes the interview will receive a \$30 electronic gift card or \$30 cash if in person.

Protecting Your Confidentiality

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities. If you tell me that you have had sexual contact with another inmate or correctional staff, I may need to inform officials at this jail or authorities outside of the facility who are responsible for protecting jail inmates.

Whom To Contact About This Study

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call **toll free**: 877-992-4724
- or by **email**: adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser: Pro00042170.

Do you agree to participate in this study?

YES

NO

IF RECORDING IS ALLOWED IN FACILITY: I am recording part of this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview, I will stop the recording. We can still do the interview even if you don't want it to be recorded.

May we record part of the interview?

YES

NO

Consent to Participate in a Research Study Prisoner Volunteers

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health. This is a research study about mental health, and tobacco, alcohol, and drug use. If you choose to take part in the study, you will be one of about 7,200 people to do so

If you decide to participate, I will ask you questions using a laptop computer. We have arranged with the prison to talk with you privately. It should take about 90 minutes to complete [IF INCENTIVE IS ALLOWED IN FACILITY: and you will receive (a snack/OTHER INCENTIVE) if you agree to participate]. [IF RECORDING IS ALLOWED IN FACILITY: I will ask you for permission to record the interview to ensure I did it properly. You can still be interviewed even if you do not allow the interview to be recorded.] There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. If you decide not to take part, there will not be any penalty and you will not lose any benefits or rights you would normally receive. Your participation is voluntary, and you can refuse to answer any questions.

You cannot be identified through any information you give us. Your name will not be connected to your answers. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities. If you tell me that you have had sexual contact with another inmate or correctional staff, I may need to inform officials at this prison or authorities outside of the prison who are responsible for protecting prison inmates.

It is up to you whether or not you are part of this study. The following information is meant to help you decide.

WHO IS LEADING THE STUDY?

The person in charge of this study is the study investigator from RTI International, a nonprofit research company in North Carolina. The study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS).

WHAT IS THIS STUDY ABOUT?

The study will look at how many people in the United States have experienced mental health conditions like depression, anxiety, psychosis, and post-traumatic stress disorder. We are asking people who take part in the study to answer questions about these conditions. While the study goals also address alcohol, drug, and tobacco use, we will not ask inmates about using alcohol or drugs.

For the study to be successful, we need to hear from people who have had these experiences and from people who have never had these experiences.

The questions will also ask about your health in general and about healthcare and any mental health or substance abuse treatment you may be getting. The last set of questions asks about involvement with the criminal justice system.

Your name will not be linked to your answers. Your answers will be combined with answers from the other study participants and will be used to understand how many people experience mental health and substance use conditions, and how these conditions impact their quality of life. Also, this information may be used by local, state, and federal agencies to support education, treatment and prevention programs.

DO I HAVE TO TAKE PART IN THIS INTERVIEW?

It is your choice whether or not you take part in this study. Even if you decide to start the interview, you may change your mind and stop at any time. If you decide to stop the interview before finishing it, let me know. The only alternative is to not participate in the study. If you decide not to take part or to stop the interview, there will not be any penalty and you will not lose any benefits or rights you would normally receive. If you agree to participate, or decline to participate, in this study, your sentence, parole or probation will not be affected in any way.

WHERE IS THE INTERVIEW GOING TO TAKE PLACE, AND HOW LONG WILL IT LAST?

We will do the interview here. It should take about 90 minutes to complete.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

The length of the interview might cause you to feel tired or stressed. Also, you might find some of the questions I ask to be upsetting or stressful. If this happens, you can take a short break or stop the interview and finish it another day, if that is an option. Your participation is voluntary, and you can refuse to answer any of the questions.

WHAT ARE THE POSSIBLE BENEFITS?

This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future.

WILL THERE BE ANY COSTS ASSOCIATED WITH MY PARTICIPATION?

There will be no charge to you for your participation in this study.

WILL I RECEIVE ANY PAYMENT OR REWARD FOR TAKING PART IN THIS STUDY?

IF INCENTIVE APPROVED: To thank you for participating in the study, I will offer you [a snack to eat before you leave this room/OTHER INCENTIVE].

IF INCENTIVE NOT APPROVED: No, we are not able to provide any payment or reward for taking part in the study.

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

You cannot be identified through any information you give us. Your name will never be connected to your answers. Your answers will be combined with those from the other study participants. The results of the study will come from the combined answers and it won't be possible to identify you. In addition, federal law requires us to keep all your answers confidential. Any information you give us will only be used by authorized personnel for statistical purposes.

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services. This adds special protection for the information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities. If you tell me that you have had sexual contact with another inmate or correctional staff, I may need to inform officials at this prison or authorities outside of the prison who are responsible for protecting prison inmates.

WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document .

An IRB is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please include the following number when contacting the Study Subject Adviser: Pro00042170.

Do you agree to participate in this study?

YES

NO

IF VIDEO RECORDING IS ALLOWED: I am video recording this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

May we record this interview?

YES

NO

Consent to Participate in a Research Study Shelter Resident Volunteers

Sponsor / Study Title: RTI International / “National Study of Mental Health (NSMH)”

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health. This is a research study about mental health, and tobacco, alcohol, and drug use. If you choose to take part in the study, you will be one of about 7,200 people to do so.

If you decide to participate, I will ask you questions using a laptop computer. We have arranged with the shelter to talk with you privately. It should take about 90 minutes to complete [IF INCENTIVE IS ALLOWED IN FACILITY: and you will receive (INCENTIVE) if you agree to participate.] [IF RECORDING IS ALLOWED IN FACILITY: I will ask for your permission to record the interview to ensure I did it properly. You can still be interviewed even if you do not allow the interview to be recorded.] There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. If you decide not to take part, there will not be any penalty and you will not lose any benefits or rights you would normally receive. Your participation is voluntary, and you can refuse to answer any questions.

You cannot be identified through any information you give us. Your name will not be connected to your answers. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

It is up to you whether or not you are part of this study. The following information is meant to help you decide.

WHO IS LEADING THE STUDY?

The person in charge of this study is the study investigator, from RTI International, a nonprofit research company in North Carolina. The study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS).

WHAT IS THIS STUDY ABOUT?

The study will look at how many people in the United States have experienced mental health conditions like depression, anxiety, psychosis, and post-traumatic stress disorder. We are asking people who take part in the study to answer questions about these conditions. We will also ask about using tobacco, alcohol, and drugs.

For the study to be successful, we need to hear from people who have had these experiences and from people who have never had these experiences.

The questions will also ask about your health in general and about healthcare and any mental health or substance abuse treatment you may be getting. The last set of questions asks about household income and involvement with the criminal justice system.

Your name will not be linked to your answers. Your answers will be combined with answers from the other study participants and will be used to understand how many people experience mental health and substance use conditions, and how these conditions impact their quality of life. Also, this information may be used by local, state, and federal agencies to support education, treatment, and prevention programs.

DO I HAVE TO TAKE PART IN THIS INTERVIEW?

It is your choice whether or not you take part in this study. Even if you decide to start the interview, you may change your mind and stop at any time. If you decide to stop the interview before finishing it, let me know. The only alternative is to not participate in the study. If you decide not to take part or to stop the interview, there will not be any penalty and you will not lose any benefits or rights you would normally receive.

WHERE IS THE INTERVIEW GOING TO TAKE PLACE, AND HOW LONG WILL IT LAST?

We will do the interview here. It should take about 90 minutes to complete.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

The length of the interview might cause you to feel tired or stressed. Also, you might find some of the questions I ask to be upsetting or stressful. If this happens, you can take a short break or stop the interview and finish it another day, if that is an option. Your participation is voluntary, and you can refuse to answer any of the questions.

WHAT ARE THE POSSIBLE BENEFITS?

This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future.

WILL THERE BE ANY COSTS ASSOCIATED WITH MY PARTICIPATION?

There will be no charge to you for your participation in this study.

WILL I RECEIVE ANY PAYMENT OR REWARD FOR TAKING PART IN THIS STUDY?

«Compensation»

To thank you for participating in the study, I will offer you [INCENTIVE].

IF INCENTIVE IS NOT APPROVED: No, we are not able to provide any payment or reward for taking part in the study.

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

You cannot be identified through any information you give us. Your name will never be connected to your answers. Your answers will be combined with those from the other study participants. The results of the study will come from the combined answers and it won't be possible to identify you. In addition, federal law requires us to keep all your answers confidential. Any information you give us will only be used by authorized personnel for statistical purposes.

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services. This adds special protection for the information about you because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document .

An IRB is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please include the following number when contacting the Study Subject Adviser: Pro00042170.

Do you agree to participate in this study?

YES

NO

IF VIDEO RECORDING IS ALLOWED: I am video recording this interview so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

May we record this interview?

YES

NO

Proxy Consent to Participate in a Research Study

Sponsor / Study Title: RTI International / National Study of Mental Health (NSMH)

Protocol Number: FG00030 / 021786

Principal Investigator: Heather Ringeisen, PhD
(Study Doctor)

Telephone: (833) 947-2575 (24 Hours)

Address: RTI, International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

KEY INFORMATION

You are being invited to take part in the National Study of Mental Health on behalf of the participant. The participant was selected to participate in this study and provided permission for you to participate on his/her behalf. This is a research study about mental health, tobacco, alcohol and drug use, and consists of one interview. If you choose to take part in the study, you will be one of about 7,200 people to do so.

If you decide to participate, a trained interviewer will ask the questions by phone, video teleconference, or in person, using a laptop computer. You can be in your home, office or another private location when you complete the interview. You will be asked for permission to record the interview to ensure: the interviewer did it properly. You can still be interviewed even if you do not allow the interview to be recorded.

The interview will include a few questions about your relationship with the participant, but will mostly consist of questions about the participant's health. The interview should take about 60 to 80 minutes to complete and you will receive a \$30 electronic gift card or \$30 cash if you agree to participate. Your participation is voluntary, and you can refuse to answer any questions.

The following information is meant to help you decide whether or not to be in this study.

WHO IS LEADING THE STUDY?

The person in charge of this study is the study investigator from RTI International, a nonprofit research company in North Carolina. The study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS).

WHAT IS THIS STUDY ABOUT?

The study will look at how many people in the United States have experienced mental health conditions like depression, anxiety, psychosis, and post-traumatic stress disorder. We are asking you to answer questions about these conditions in regard to the participant. We will also ask about the participant's use of tobacco, alcohol, and drugs. We will also ask a few questions about your relationship with the participant.

For the study to be successful, we need to hear about people who have had these experiences and about people who have never had these experiences.

The questions will also ask about the participant's health in general and about healthcare and any mental health or substance abuse treatment s/he may be getting. The last set of questions asks about household income and involvement with the criminal justice system.

Your name and the participant's name will not be linked to your answers. Your answers will be combined with answers from the other study participants and will be used to understand how many people experience mental health and substance use conditions, and how these conditions impact their quality of life. Also, this information may be used by local, state, and federal agencies to support education, treatment and prevention programs.

DO I HAVE TO TAKE PART IN THIS INTERVIEW?

It is your choice whether or not you take part in this study. Even if you decide to start the interview, you may change your mind and stop at any time. If you decide to stop the interview before finishing it, let the interviewer know. The only alternative is to not participate in the study. If you decide not to take part, or to stop the interview, there will not be any penalty and neither you nor the participant will lose any benefits or rights you would normally receive.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS?

The length of the interview might cause you to feel tired or stressed. Also, you might find some of the questions we ask to be upsetting or stressful. If this happens, you can take a short break or stop the interview and finish it another day. Your participation is voluntary, and you can refuse to answer any of the questions.

WHAT ARE THE POSSIBLE BENEFITS?

This study is for research purposes only. There is no direct benefit to you or the participant from your participation in the study. Information learned from the study may help other people in the future.

WILL THERE BE ANY COSTS ASSOCIATED WITH MY PARTICIPATION?

There will be no charge to you or the participant for your participation in this study, other than your normal phone, internet, or data plan charges if applicable.

WILL I RECEIVE ANY PAYMENT FOR TAKING PART IN THIS STUDY?

Yes, you will receive a \$30 electronic gift card or \$30 cash if the interview is conducted in person.

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

You and the participant cannot be identified through any information you give us. Your name and address and the participant's name and address will never be connected to your answers. Your answers will be combined with those from the other study participants. The results of the study will come from the combined answers and it won't be possible to identify you. In addition, federal law requires us to keep all your answers confidential. Any information you give us will only be used by authorized personnel for statistical purposes.

To help keep information about you confidential, we have obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about you and the participant because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify you or the participant. However, there are some exceptions to this privacy rule. If you tell me about the abuse of a child or that you plan to hurt yourself or others, we may need to notify a mental health professional or other authorities.

WHOM TO CONTACT ABOUT THIS STUDY

During the study, if you have questions, concerns or complaints about the study, please contact the Investigator at the contact information on the first page of this consent.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact:

- By mail:
Study Subject Adviser
Advarra IRB
6940 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call **toll free**: 877-992-4724

- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00042170.

You are not giving up any of your legal rights by agreeing to be in this study.

Do you agree to participate in this study?

YES

NO

Interview Audio/Video Consent to be administered at the beginning of the Interview

I am [IF PHONE FILL: recording this phone interview; IF IN PERSON OR VIDEO: video recording this interview] so my supervisor can make sure I am following the correct procedures. The recording will be kept private and will be deleted after my work has been reviewed. If you don't want me to record the interview I will stop the recording. You can still do the interview even if you do not want it to be recorded.

May we record this interview?

1=YES

2=NO

Attachment H

Household Respondent Materials

- 1) Roster Mailing 1 Lead Letter
- 2) Roster Mailing 2 Pressure Seal Self-Mailer
- 3) Roster Mailing 3 Postcard 1
- 4) Roster Mailing 4 Reminder Letter
- 5) Roster Mailing 5 Paper Reminder Letter
- 6) Roster Mailing 6 Postcard 2
- 7) Roster Mailing 7 Final Pressure Seal Self-Mailer
- 8) Screener Mailing 1 Lead Letter
- 9) Screener Mailing 2 Pressure Seal Self-Mailer
- 10) Screener Mailing 3 Reminder Letter
- 11) Screener Mailing 4 Follow-up Reminder Letter
- 12) Screener Mailing 5 Final Postcard
- 13) Screener Mailing 6 Final Pressure Seal Self-Mailer
- 14) Screener Reminder Emails
- 15) Screener Notification Card
- 16) Clinical Interview Scheduling Script
- 17) Clinical Interview Appointment Emails & Letters
- 18) Clinical Interview Follow-Up Letter
- 19) Clinical Interview Recontact Letter (Screener CI Reluctance)
- 20) Letters (Unable to Contact, Controlled Access, Call Me, Reluctance)
- 21) Automated Emails: New, Rescheduled, Canceled, Missed Appointments
- 22) Texts
- 23) Unable to Contact Text
- 24) Website Content
- 25) COVID Risk Form Vaccinated Protocol A
- 26) COVID Risk Form Unvaccinated Protocol B
- 27) Incentive/Thank You E-mail (Roster, Screener, CI)
- 28) Incentive Receipt In-person
- 29) Brochure Text
- 30) FAQs
- 31) Field and Clinical Interviewer Authorization Letter

Roster Mailing 1 Lead Letter

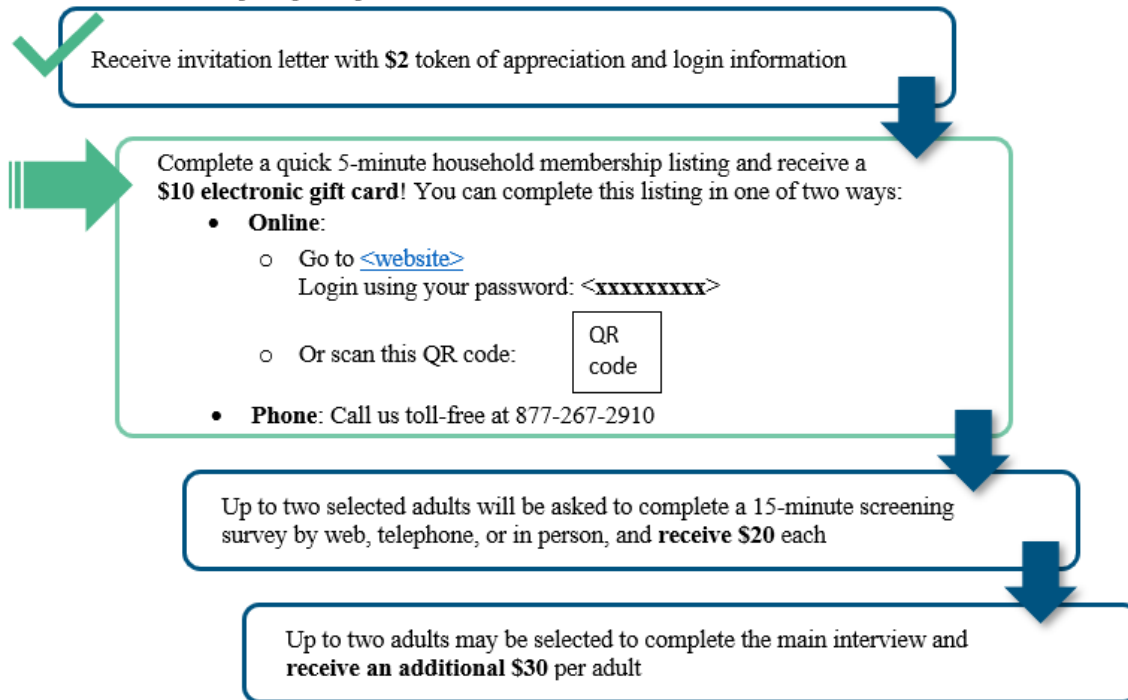


CITY Resident
STREET ADDRESS
CITY, STATE ZIP

Dear CITY Resident:

Your household was chosen for a groundbreaking study, the National Study of Mental Health (NSMH). Data from this study will be used to understand mental health and findings may be helpful for improving health services in the United States. The study is led by RTI International, a nonprofit research organization, in collaboration with five academic and nonprofit institutions. The NSMH is funded by a grant to RTI by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Please follow these steps to participate in the NSMH:



More information is available on the study website: [<website>](#). If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We cannot substitute your address with another. Your help is critical to this study's success. We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International



Roster Mailing 2 Pressure Seal Self-Mailer

NSMH National Study of Mental Health

Receive Invitation Letter

Complete Household Listing
Only 5-Minutes!

Complete Screening Survey


Complete Interview

5-1/2"

Your household was chosen for a groundbreaking study, helping researchers understand mental health and health services in the United States!

Receive a **\$10** when you complete the household membership listing!

Go online:

- o <https://nsmh.rti.org>
Login using your password: **<login>**
- o Or scan this QR code: 

Or call us toll-free at 877-267-2910

Thank you!

More information is available on the study website: <https://nsmh.rti.org>
If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Open Here



**Open to start your
survey today!**

SAMHSA
Substance Abuse and Mental Health
Services Administration

RTI Project 0000
P.O.Box 00000
Raleigh, NC 00000

CITY Resident
STREET ADDRESS
CITY, STATE ZIP

Roster Mailing 3 Postcard 1

DATE

Complete your household membership listing today and receive \$10!

Your household was chosen for the groundbreaking National Study of Mental Health (NSMH). Complete your household membership listing to help researchers understand mental health and health services in the United States. Selected adults will also receive \$20 for a screening survey and \$30 for the main interview. For more information, please visit the study website: <https://nsmh.rti.org>

Previously we sent you information on how to complete your NSMH household membership listing. If you have lost this information or have questions, please call our study assistance line toll-free at 833-947-2575 or email us at

nsmh@rti.org.

We look forward to hearing from you!



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International



3040 Cornwallis Road
Research Triangle Park, NC 27709-2104

NAME
ADDRESS
CITY, STATE ZIP

Roster Mailing 4 Reminder Letter




CITY Resident
STREET ADDRESS
CITY, STATE ZIP

Dear CITY Resident:

You can help researchers better understand mental health and health services in the United States. Please complete the quick 5-minute National Study of Mental Health (NSMH) household membership listing by web or telephone and receive **\$10!** If you have already completed the listing, thank you, and you will receive an invitation for the screening survey if selected!

You can complete this household membership listing in one of two ways:

- **Online:**
 - Go to <https://nsmh.rti.org>
Login using your password: <login>
 - Or scan this QR code: 
- **Phone:** Call us toll-free at 877-267-2910

Once you complete this household membership listing, up to two adults may be asked to complete the screening survey and interview and receive up to \$50. We cannot substitute your address with another. Your help is critical to this study's success.

For more information please visit our study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

This study is led by RTI International, a nonprofit research organization, with partners at five academic and nonprofit institutions. The NSMH is a grant to RTI by the Substance Abuse Mental Health Services Administration (SAMHSA).



Roster Mailing 5 Paper Reminder Letter



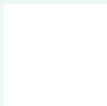
||
<<City2>> Resident
<<Address1>>
<<Address2>>
<<City>>, <<state>> <<zip>>
<< Barcode, 3-of-9 font, 14-18 pt >>
<<StageNo>>/<<CaselD>>/<<ContNo>>

Dear <<City2>> Resident:

I have been trying to contact you regarding an important national study. Please take 5 minutes today to complete the National Study of Mental Health (NSMH) household membership listing and receive \$10. If you have already completed the household membership listing, thank you!

This study will help researchers better understand mental health and improve health services in the United States. You can receive up to \$60 if you are eligible and complete the household membership listing, the screening survey, and the interview in this study.

To help you get started, you can now complete your household membership listing via mail. To complete your listing, you can:

- **Fill out the paper form** included in this mailing and return it in the enclosed envelope
- Go to <https://nsmh.rti.org> and login with your password: <login>
- **Scan the QR code** and complete the survey online 
- **Call us toll-free at 877-267-2910**

For more information please visit our study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We cannot substitute your address with another. Your help is critical to this study's success. We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

This study is led by RTI International, a nonprofit research organization, with collaborators at five academic and nonprofit institutions. The NSMH is a grant to RTI by the Substance Abuse and Mental Health Services Administration (SAMHSA).



Roster Mailing 6 Postcard 2

DATE

Your participation is critical to the success of our study!

We are nearing the end of the National Study of Mental Health (NSMH). Your data will help researchers understand mental health and health services in the United States. Please complete the household membership listing today!

For more information on the study, please visit the study website: <https://nsmh.rti.org>. If you have questions or need help completing the listing, please call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

If you cannot complete the household membership listing by web, telephone, or mail, one of our professional interviewers will contact you at your home to complete it in person.

Thank you in advance for your participation!



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International



3040 Cornwallis Road
Research Triangle Park, NC 27709-2104

NAME
ADDRESS
CITY, STATE ZIP

Roster Mailing 7 Final Pressure Seal Self-Mailer

NSMH National Study of Mental Health

Receive Invitation Letter

Complete Household Listing
Only 5-Minutes!

Complete Screening Survey

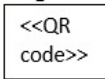
Complete Interview

5-1/2"

Your household was chosen for a groundbreaking study, helping researchers understand mental health and health services in the United States!

Receive \$10 when you complete the household membership listing by web, phone, or mail. If you do not complete the listing one of our professional interviewers may contact you at your home to complete it in person. This is your final mail reminder to complete the household listing

Go online:

- o <https://nsmh.rti.org>
Login using your password: <<password>>
- o Or scan this QR code: 

Or call us toll-free at 877-267-2910

Thank you!

More information is available on the study website: <https://nsmh.rti.org>
If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Open
Here



**Open to start your
survey today!**



RTI Project 0217186
RTI International
5265 Capital Boulevard
Raleigh, NC 27616-2925

<<City>> Resident
<<Address1>>
<<Address2>>
<<City>>, <<state>> <<zip>>

Screener Mailing 1 Lead Letter

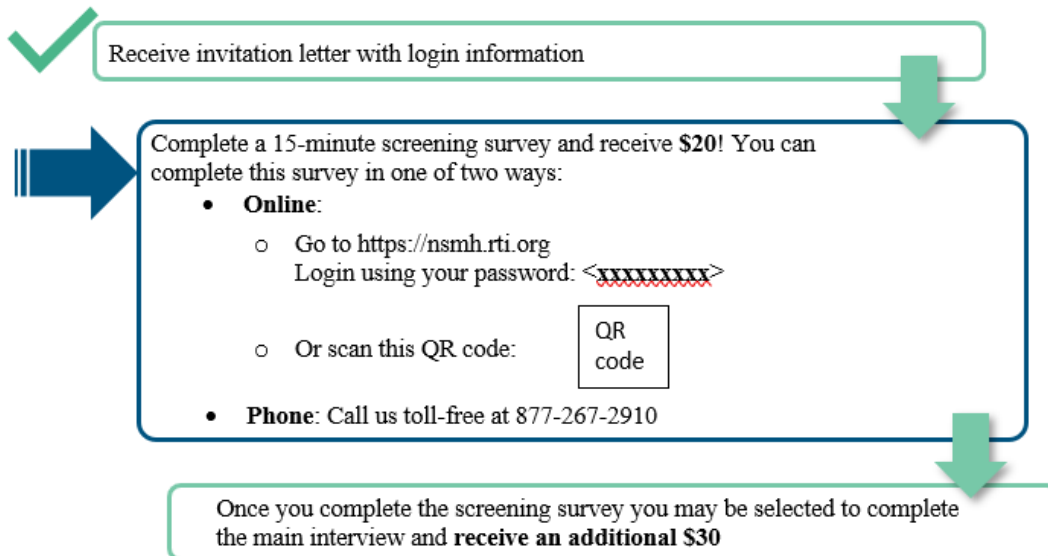


CITY Resident
STREET ADDRESS
CITY, STATE ZIP

Dear [RESPONDENT]:

Your household was chosen for a groundbreaking study, the National Study of Mental Health (NSMH), and you have been selected for the NSMH Screening Survey. Data from this study will be used to understand mental health and may be helpful for improving health services in the United States. The study is led by RTI International, a nonprofit research organization, in collaboration with five academic and nonprofit institutions. The NSMH is funded by a grant to RTI by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Please follow these steps to participate in the NSMH screening survey:



More information is available on the study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We cannot substitute you with anyone else. Your help is critical to this study's success. We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International



Screener Mailing 2 Pressure Seal Self-Mailer

NSMH National Study of Mental Health

✓

Receive Invitation Letter

↓

Complete Screening Survey

Only 15 Minutes!


Complete Interview

5-1/2"

You were chosen for a groundbreaking study, helping researchers understand mental health and health services in the United States!

Receive **\$20** when you complete the screening survey!

Go online:

- o <https://nsmh.rti.org>
Login using your password: **<login>**
- o Or scan this QR code: 

Or call us toll-free at 877-267-2910

Thank you!

More information is available on the study website: <https://nsmh.rti.org>
If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Open
Here



Open to start your
survey today!

SAMHSA
Substance Abuse and Mental Health
Services Administration

RTI Project 0000
P.O. Box 00000
Raleigh, NC 00000

[RESPONDENT]
STREET ADDRESS
CITY, STATE ZIP

Screener Mailing 3 Reminder Letter

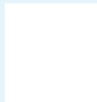


[RESPONDENT]
STREET ADDRESS
CITY, STATE ZIP

Dear [RESPONDENT]:

It's not too late to participate in the ground-breaking National Study of Mental Health! You can help researchers better understand mental health and health services in the United States. If you have already completed the National Study of Mental Health (NSMH) screening survey, thank you! If you have not, please complete the 15-minute survey by web or telephone and receive **\$20!**

You can complete this screening survey in one of two ways:

- **Online:**
 - Go to <https://nsmh.rti.org>
Login using your password: <login>
 - Or scan this QR code: 
- **Phone:** Call us toll-free at 877-267-2910

Once you complete this survey, you may be selected for the main interview and receive an additional **\$30**. We cannot substitute you with anyone else. Your help is critical to this study's success.

For more information please visit our study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

This study is led by RTI International, a nonprofit research organization, with partners at five academic and nonprofit institutions. The NSMH is a grant to RTI by the Substance Abuse Mental Health Services Administration (SAMHSA).



Screener Mailing 4 Follow-up Reminder Letter




<<Name>>
<<Address1>> <<Address2>>
<<City>>, <<state>> <<zip>>
<< Barcode, 3-of-9 font, 14-18 pt >>
<<StageNo>>/<<CaseID>>/<<ContNo>>

Dear <<Name>>:

I have been trying to contact you regarding an important national study. Please take 15 minutes today to complete the National Study of Mental Health (NSMH) screening survey and receive \$20. If you have already completed the survey, thank you!

This study will help researchers better understand mental health and health services in the United States. You can receive an additional \$30 if you are eligible and complete the main interview.

[To complete your survey, you can:

- Go to <https://nsmh.rti.org> and login with your password: <<password>>
- Scan the QR code and complete the survey online 
- Call us toll-free at 877-267-2910

For more information, please visit our study website: <https://nsmh.rti.org>. If you have questions, or would prefer to complete your survey via mail, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

We cannot replace you with someone else. Your help is critical to this study's success. We sincerely thank you for your participation.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

This study is led by RTI International, a nonprofit research organization, with collaborators at five academic and nonprofit institutions. The NSMH is a grant to RTI by the Substance Abuse and Mental Health Services Administration (SAMHSA).



Screener Mailing 5 Final Postcard

DATE

Complete your Screening Survey today and receive \$20!

You were chosen for the groundbreaking National Study of Mental Health (NSMH). Complete your survey to help researchers understand mental health and health services in the United States.

Previously we sent you information on how to complete your NSMH survey. If you have lost this information or have questions, please call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org. For more information, please visit the study website: <https://nsmh.rti.org>.

If you cannot complete the survey by web, telephone, or mail, one of our professional interviewers will contact you at your home to complete it in person.

We look forward to hearing from you!



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International



3040 Cornwallis Road
Research Triangle Park, NC 27709-2104

NAME
ADDRESS
CITY, STATE ZIP

Screener Mailing 6 Final Pressure Seal Self-Mailer

NSMH National Study of Mental Health

✓

Receive Invitation Letter

↓

Complete Screening Survey
Only 15 Minutes!

Complete Interview

5-1/2"

You were chosen for a groundbreaking study, helping researchers understand mental health and health services in the United States!

Receive \$20 when you complete the screening survey by web, phone, or mail. If you do not complete the survey one of our professional interviewers may contact you at your home to complete it in person. This is your final mail reminder to complete the screening survey

Go online:

- o <https://nsmh.rti.org>
Login using your password: <<password>>
- o Or scan this QR code:

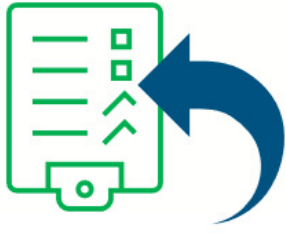
Or call us toll-free at 877-267-2910

Thank you!

More information is available on the study website: <https://nsmh.rti.org>
If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.



Open Here



Open to start your survey today!

SAMHSA
Substance Abuse and Mental Health
Services Administration

RTI Project 0217186
RTI International
5265 Capital Boulevard
Raleigh, NC 27616-2925

[RESPONDENT]
<<Address1>>
<<Address2>>
<<City>>, <<state>> <<zip>>

Screener Reminder Emails

NSMH Screening Survey Email Reminders

1. 1st Email Reminder (Day 4)

E-mail Subject: Reminder: Participate in the National Study of Mental Health!

Dear [RESPONDENT NAME],

You have been chosen for a groundbreaking study, helping researchers understand mental health and health services in the United States! You will **receive \$20** when you complete the 15-minute screening survey by web or telephone.

To complete the survey via a website on a personal computer, smartphone, laptop, or tablet:

- **Use this link:** <unique link>

OR

- **Call us toll-free at 877-267-2910**

More information is available on the study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Your participation is critical to the success of the National Study of Mental Health!

Thank you,



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

2. 2nd Email Reminder (Day 12)

E-mail Subject: Reminder: Participate in the 15-minute NSMH Survey for \$20!

Dear [RESPONDENT NAME],

You can help researchers better understand mental health and health services in the United States. Please complete the 15-minute National Study of Mental Health screening survey by web or telephone and you will **receive \$20**.

To complete the screening survey via a website on a personal computer, smartphone, laptop, or tablet:

- **Use this link:** <unique link>

OR

- **Call us toll-free at 877-267-2910**

Once you complete the screening survey you may be selected to complete the main interview and **receive an additional \$30**.

More information is available on the study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Your participation is critical to the success of the National Study of Mental Health!

Thank you,



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

3. 3rd Email Reminder (Day 21)

E-mail Subject: It is not too late to participate in the National Study of Mental Health!

Dear [RESPONDENT NAME],

We are reaching out to you again because your participation is so important. You can help researchers better understand mental health and health services in the United States. In appreciation for the time it takes to complete the National Study of Mental Health (NSMH) screening survey you will **receive \$20**.

To complete the NSMH screening survey via a website on a personal computer, smartphone, laptop, or tablet:

- **Use this link:** <unique link>

OR

- **Call us toll-free at 877-267-2910**

More information is available on the study website: <https://nsmh.rti.org>. If you have questions, you can call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Thank you in advance for your participation!



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

4. Final Email Reminder (Day 54)

E-mail Subject: Time Is Running Out - Participate in the National Study of Mental Health by web or telephone now!

Dear [RESPONDENT NAME],

Your participation is critical to the success of our study!

We are nearing the end of the National Study of Mental Health (NSMH). Your data will help researchers understand mental health and health services in the United States. Please complete the survey today!

If you cannot complete the survey by web or telephone, one of our professional interviewers will contact you at your home to complete it in person.

To complete the survey via a website on a personal computer, smartphone, laptop, or tablet:

- **Use this link:** <unique link>

OR

- **Call us toll-free at 877-267-2910**

For more information on the study, please visit the study website: <https://nsmh.rti.org>. If you have questions or need help completing the survey, please call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Thank you in advance for your participation!



Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

Screener Notification Card

Your participation is critical to the success of our study!

Name: _____

You have been selected for a groundbreaking study, the National Study of Mental Health (NSMH)!

If we have your email you will receive an email invitation with a link to the Screening Survey within the **next few hours** from nsmh@rti.org, otherwise we will mail you log-in information. If you prefer to complete the Survey by phone, please call us toll-free at 877-267-2910.

The Screening Survey **takes about 15 minutes** and to thank you for your participation you will receive a \$20 electronic prepaid Visa© or \$20 check. For more information on the study, please visit the study website: <https://nsmh.rti.org>. If you have questions, please call our study assistance line toll-free at 833-947-2575 or email us at nsmh@rti.org.

Thank you in advance for your participation!



Clinical Interview Scheduling Script

Clinical Interview – First Contact/Scheduling Script

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of RTI International, a nonprofit research Institute. Is this [PHONE NUMBER]?

YES: PROCEED BELOW.

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

NO ANSWER: GO TO VOICEMAIL SECTION

I'm trying to reach [FIRST NAME] about a study we are conducting. May I speak to [FIRST NAME]?

IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE 1204 AND DETAILS IN ROC.

Thank you for your time. END CALL.

IF R AVAILABLE

(Hi, my name is _____.)

You recently completed a screening survey for the National Study of Mental Health. Before I continue, can you confirm that you are not driving right now?

NOT DRIVING: PROCEED BELOW.

DRIVING: When would be a good time to call again? ENTER CODE 1204 AND DETAILS IN ROC. Thank you for your time. END CALL.]

Do you recall completing the screening survey?

YES: PROCEED TO SCHEDULING INTERVIEW SECTION BELOW.

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

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

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

IF CORRECT RESPONDENT STILL NOT FOUND: I apologize. I need to double check my records. Thank you for your time. END CALL. ENTER CODE 1579 AND INVESTIGATE.

Scheduling the Interview

IF SCREENING MODE = WEB, PHONE, OR IN PERSON: Thank you for agreeing to be interviewed for the National Study of Mental Health. I would like to schedule a video interview for a date and time that works best for you.

IF SCREENING MODE = MAIL OR JAIL: Thank you for completing the screening survey for the National Study of Mental Health. You are eligible to participate in the full interview for which you will receive a \$30 incentive. I would like to schedule a video interview for a date and time that works best for you.

R CANNOT DO A VIDEO INTERVIEW

DISCUSS OBSTACLES TO VIDEO INTERVIEW AND ATTEMPT TO PROBLEM SOLVE.

IF VIDEO INTERVIEW IS NOT POSSIBLE AND IN PERSON INTERVIEWS ARE NOT PERMITTED:

Unfortunately, at this time in person interviews are not permitted. As soon as in person interviews are allowed I will contact you to schedule your interview.

IF VIDEO INTERVIEW IS NOT POSSIBLE AND IN PERSON INTERVIEWS ARE PERMITTED:

Since you are not able to do a video interview I'd like to schedule an in person interview. Your health and safety are of critical importance, which is why I am required to follow the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) guidelines when conducting in person interviews. SHARE SAFETY PRECAUTIONS THAT WILL BE TAKEN FOR IN PERSON INTERVIEW.

R CAN DO VIDEO INTERVIEW & PROVIDED BEST DAYS & TIMES:

You indicated [BEST DAYS AND TIMES R PROVIDED] would work best.

Would [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] work for you?

YES: Wonderful, thank you.

NO: What date and time would work best for you?

RECORD DATE & TIME:

R CAN DO VIDEO INTERVIEW & DID NOT PROVIDE BEST DAYS & TIMES:

What date and time would work best for you?]

RECORD DATE & TIME:

IF VIDEO INTERVIEW:

I will send a confirmation e-mail with a private zoom link for the video interview scheduled for [FILL DAY, DATE, TIME]. Let me confirm I have the correct e-mail address.

CONFIRM/COLLECT CORRECT EMAIL

Thank you! I look forward to our interview. You should receive an e-mail from me in the next hour.

ENTER APPOINTMENT INFO IN ROC

IF IN PERSON INTERVIEW:

Let me confirm I have the right address. My records indicate you live at [FILL FULL ADDRESS]. Is that correct?

YES:

Great. I will see you there on [FILL DAY, DATE, TIME]. If something comes up and you need to reschedule please contact 833-947-2575. I also want to let you know that the beginning of our interview will be video recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a participant, confidentiality, and asking for your permission to video record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

Thank you again for participating in the study. I look forward to our interview on DAY, DATE, TIME.

ENTER APPOINTMENT INFO IN ROC

NO:

Did you live at [FILL FULL ADDRESS] on [DATE ROSTER WAS COMPLETED]?

YES: What is your current address?

RECORD ADDRESS.

Great. I will see you there on [FILL DAY, DATE, TIME]. If something comes up and you need to reschedule please contact 833-947-2575. I also want to let you know that the beginning of our interview will be video recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a participant, confidentiality, and asking for your permission to video record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded. Thank you again for participating in the study. I look forward to our interview on DAY, DATE, TIME.

ENTER APPOINTMENT INFO IN ROC

NO: INTERVIEWER: FIND OUT IF THEY HAVE EVER LIVED AT THE SAMPLED ADDRESS, AND IF THEY HAVE WHEN THEY LIVED THERE.

I need to talk with my supervisor before I can schedule the appointment. I will be back in touch. Thank you.

RECORD IF THEY HAVE EVER LIVED AT THE SAMPLED ADDRESS (AND IF THEY HAVE WHEN THEY LIVED THERE) IN THE ROC AND FOLLOW-UP WITH YOUR CS.

Voicemail Script

Hello, I'm trying to reach [RESPONDENT NAME] about a study being conducted by RTI International, a nonprofit research institute. This study is sponsored by the Substance Abuse and Mental Health Services Administration. Please have [RESPONDENT NAME] call 833-947-2575 as soon as possible and refer to caseid [FILL]. That's 833-947-2575, ID number [FILL]. Thank you.

Missed Appointment Voicemail

Hello. I'm [YOUR NAME] and I'm calling on behalf of RTI International, a nonprofit research institute, regarding a national study that is sponsored by the Substance Abuse and Mental Health Services Administration. When we spoke previously about this study, you asked that we contact you at [TIME & DATE]. Please call 833-947-2575 to reschedule your appointment for a date and time that works best for you. Thank you for taking time for this important study!

Clinical Interview Appointment Emails & Letters

NSMH CI Emails/Letters

NOTE: CIs will schedule the Zoom meeting via Outlook invitation. They will use the text below and remove the 'extra' zoom information that is included in the invitation.

1. Clinical Interview *Initial Contact Email* (When R completed screening online, by telephone, or in person, and indicated e-mail contact preference in screener)

E-mail - Title: Scheduling Your National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Thank you for agreeing to be interviewed for the National Study of Mental Health! I would like to schedule a video interview at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule. Once we have the date and time I will send a confirmation e-mail with a private zoom link for the video call.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

2. Clinical Interview *Initial Contact Email – Mail or Jail Screening* (When R completed screening by mail or jail and indicated e-mail contact preference in screener)

E-mail - Title: National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Thank you for completing the screening survey for the National Study of Mental Health! You are eligible to participate in the main interview for which you will receive a \$30 electronic prepaid Visa® or \$30 check. I would like to schedule a video interview at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule. Once we have the date and time I will send a confirmation e-mail with a private zoom link for the video call.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

3. Follow-Up to Initial Contact E-mail (If no response; when R completed screening online, by telephone, or in person, and indicated e-mail contact preference in screener)

E-mail - Title: Scheduling Your National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Thank you again for agreeing to be interviewed for the National Study of Mental Health! Your participation is critical to the success of the study, which is why I'm reaching out to you again to schedule your interview. I would like to schedule a video interview at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule. Once we have the date and time I will send a confirmation e-mail with a private zoom link for the video call.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

4. Follow-Up to Initial Contact E-mail– Mail or Jail Screening (When R completed screening by mail or jail and indicated e-mail contact preference in screener)

E-mail - Title: Scheduling Your National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Thank you again for completing the screening survey for the National Study of Mental Health! You are eligible to participate in the main interview for which you will receive a \$30 electronic prepaid Visa® or \$30 check. Your participation is critical to the success of the study, which is why I'm reaching out to you again to schedule your interview.

I would like to schedule a video interview at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule. Once we have the date and time I will send a confirmation e-mail with a private zoom link for the video call.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

5. When R indicates Unable to do Video (Email/Letter)

5a. IF RESPONDENT INDICATES THEY ARE UNABLE TO DO VIDEO INTERVIEW AND IN PERSON INTERVIEWS ARE NOT PERMITTED

E-mail - Title: Scheduling Your National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Unfortunately, at this time in person interviews are not permitted. As soon as in person interviews are allowed I will contact you to schedule your interview.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!
[CI NAME]

5b. IF RESPONDENT INDICATES THEY ARE UNABLE TO DO VIDEO INTERVIEW AND IN PERSON INTERVIEWS ARE PERMITTED

E-mail - Title: Scheduling Your National Study of Mental Health (NSMH) Interview

Dear [RESPONDENT NAME],

Since you are not able to do a video interview, I'd like to schedule an in-person interview. Your health and safety are of critical importance, which is why I am required to follow the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) guidelines when conducting in person interviews.

SHARE SAFETY PRECAUTIONS THAT WILL BE TAKEN FOR IN PERSON INTERVIEW.

You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule. Once we have the date and time, I will send a confirmation e-mail.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!
[CI NAME]

6. Clinical Interview Appointment Email for Video Conference

E-mail - Meeting Title: NSMH Interview Appointment – [DAY OF WEEK, FILL DATE @ FILL TIME] via Zoom

Dear [RESPONDENT NAME],

I appreciate you taking time for this important study and look forward to our appointment to complete the interview. Your appointment is scheduled for [DAY OF WEEK], [DATE], at [TIME].

The beginning of our interview will be video recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a participant, confidentiality, and asking for your permission to video record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

To access the video conference please click on this link:

[ZOOM LINK]

Select "Allow" if you are asked this question: "Do you want to allow this website to open a program on your computer?"

Once you are in Zoom you will choose the audio conference option that works best for you:

- a. *"Call Me"*: Enter your phone number and click "Call Me" and Zoom will call you.
- b. *"Computer Audio"*: Click "Join with Computer Audio"
- a. *"Phone Call"*: Dial this toll-free number: [FILL] and enter the Meeting ID: [FILL] and Password: [FILL]

I have also attached two documents we will reference during the interview.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

7. Clinical Interview Appointment Letter for Video Conference

Dear [RESPONDENT NAME],

I appreciate you taking time for this important study and look forward to our appointment to complete the interview. Your appointment is scheduled for [DAY OF WEEK], [DATE], at [TIME].

The beginning of our interview will be video recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a participant, confidentiality, and asking for your permission to video record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

To access the video conference please follow these steps at our appointment time:

1. Go to www.zoom.us
2. Click on "JOIN A MEETING"
3. Enter the Meeting ID: [FILL] and click "Open Zoom", if prompted
4. Enter the Meeting Password: [FILL], if prompted.
5. Choose the audio conference option that works best for you:
 - a. "Phone Call": Dial this toll-free number [FILL] and enter the Meeting ID: [FILL] and Password: [FILL]
 - b. "Computer Audio": Click "Join with Computer Audio"
 - c. "Call Me": Enter your phone number and click "Call Me" and Zoom will call you.

I have also included two documents we will reference during the interview.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

8. Clinical Interview Appointment Email/Letter for In Person Appointment

E-mail - Meeting Title: NSMH Interview Appointment – [FILL DATE @ FILL TIME]

Dear [RESPONDENT NAME],

I appreciate you taking time for this important study and look forward to our appointment to complete the interview. Your appointment is scheduled for [DAY OF WEEK], [DATE], at [TIME] at [ADDRESS].

Your health and safety are of critical importance, which is why I am required to follow the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) guidelines when conducting in person interviews.

SHARE SAFETY PRECAUTIONS THAT WILL BE TAKEN FOR IN PERSON INTERVIEW.

The beginning of our interview will be video recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a

participant, confidentiality, and asking for your permission to video record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

I have also [attached/included] two documents we will reference during the interview.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

9. Clinical Interview Appointment Email/Letter for Phone Appointment

E-mail - Meeting Title: NSMH Interview Appointment – [FILL DATE @ FILL TIME]

Dear [RESPONDENT NAME],

I appreciate you taking time for this important study and look forward to our appointment to complete the interview. Your appointment is scheduled for [DAY OF WEEK], [DATE], at [TIME]. [IF CONTACTING R DIRECTLY: I will contact you at [R's PHONE] at that time. FILL ZOOM SPECIFIC INSTRUCTIONS; IF PROVIDING R DIAL IN: At our appointment time please [FILL SPECIFIC ZOOM INSTRUCTIONS].

The beginning of our interview will be recorded to ensure that I am following the proper procedures, including reviewing information about the study, your rights as a participant, confidentiality, and asking for your permission to record the interview. If you don't want me to record the interview, I will stop the recording. You can still do the interview even if you do not want it to be recorded.

I have also [attached/included] two documents we will reference during the interview.

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

10. Missed Appointment Clinical Interview Email/Letter

E-mail - Subject: NSMH – Rescheduling Your Interview

Dear [RESPONDENT NAME],

I'm sorry we were unable to meet for our scheduled appointment. Please call 833-947-2575 and reference your caseid ([FILL CASEID]) to reschedule your appointment for a date and time that works best for you. Thank you for taking time for this important study!

Regards,

[CI NAME]

11. Clinical Interview Appointment Letter to Encourage R for whom we have no e-mail or phone to call in to schedule appointment.

Dear [RESPONDENT NAME],

Thank you for completing the National Study of Mental Health screening survey and agreeing to be interviewed. Please contact us toll-free at 833-947-2575 or email us at nsmh@rti.org to schedule your appointment. Please reference your caseid (FILL CASEID) when you call.

If you have any questions, please do not hesitate to call 833-947-2575.

Thank you!

[CI NAME]

12. Clinical Interview Appointment Letter to Notify Rs that a CI will be making an in person contact (for Rs that do not have phone or email AND for in person contact phase (last month of DC for the case))

Dear [RESPONDENT NAME],

Thank you for completing the National Study of Mental Health screening survey and agreeing to be interviewed. You indicated [FILL DAYS/TIMES R INDICATED ARE BEST FOR CONTACT] are/is the best time to contact you, so I will stop by your home on [FILL DATE & TIME].

If you have any questions, please do not hesitate to call 833-947-2575. Please reference your caseid (FILL CASEID) when you call.

Thank you!

[CI NAME]

Clinical Interview Follow-Up Letter



Dear <<Name>>:

Thank you for completing the National Study of Mental Health* Screening Survey on [FILL DATE] and agreeing to participate in the main interview. You received \$20 for completing the Screening Survey and **\$30 to participate in the main interview. However, you have not yet completed the main interview.** Your participation is very important! Completing the main interview will make the information you already provided much more valuable.

The interview takes 80 minutes on average. A trained interviewer will ask questions by video teleconference or by telephone, using a laptop computer. You can be in your home, office, or another private location when you complete the interview. We appreciate that your time is precious and will schedule an interview at a date and time that works best for you.

We understand that your privacy is important. Your answers are combined with the answers of thousands of other people and reported only overall. In addition, you can refuse to answer any question.

The National Study of Mental Health is the first of its kind in the country. Data from this study will be used to understand mental health and findings may be helpful for improving health services in the United States.

Please email us at nsmh@rti.org or contact our study assistance line toll-free at 833-947-2575 to schedule your interview. You can also contact us with any questions. If we do not hear from you, one of our professional interviewers in the area will contact you at your home to complete it in person or by video.

Thank you for your time and for making an appointment to complete your interview.

A handwritten signature in cursive script that reads 'Heather Ringeisen'.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

*The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration.



Clinical Interview Recontact Letter (Screener CI Reluctance)



Dear <<Name>>:

Thank you for completing the National Study of Mental Health* Screening Survey! By participating in this study you have contributed to furthering our understanding of important health issues. **However, we still need your help!**

You were selected to complete the main interview and we hope you will reconsider continuing your participation in this groundbreaking study. A limited number of people were randomly selected to represent the population of the United States, and you are one of them. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Completing the main interview will make the information you already provided much more valuable. We cannot replace you with anyone else.

The interview takes 80 minutes on average, and to thank you for your participation you will receive a \$30 check or \$30 electronic prepaid Visa© (whichever you prefer). A trained interviewer will ask questions by video teleconference or by telephone, using a laptop computer. You can be in your home, office, or another private location when you complete the interview. We appreciate that your time is precious and will schedule an interview at a date and time that works best for you.

The National Study of Mental Health is the first of its kind in the country. Data from this study will be used to understand mental health and findings may be helpful for improving health services in the United States.

Please email us at nsmh@rti.org or contact our study assistance line toll-free at 833-947-2575 to schedule your interview appointment. You can also contact us with any questions.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

*The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration.



Roster No Contact Letter



[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

Dear Resident:

Recently, a professional interviewer from RTI International attempted to contact your household about participating in the National Study of Mental Health*. Your participation in this study is important—this is why we continue to try and reach you.

Some people are cautious about speaking to a stranger at the door, and that is understandable. Please know that we are not soliciting or selling anything—we have just a few general questions to ask that will take about five minutes, and the adult that answers the questions will receive \$5 in cash if completed with a field interviewer in person or a \$10 electronic prepaid Visa© or \$10 check if completed via web or telephone.

It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. Or, you can answer the questions online or via telephone. To complete the 5-minute household membership listing via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the household membership listing via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address: <https://nsmh.rti.org>**
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

After these initial questions, someone in your household may or may not be randomly selected to answer a few more questions to find out if they are eligible to participate in the main interview. These questions will take about 15 minutes to complete. We will give the person answering these additional questions \$20. Then, if anyone is selected for and completes the main interview, that person will receive \$30 as a token of appreciation.

A limited number of households were randomly selected to represent the population of the U.S. Your household cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not have a chance to be heard.

Thank you for your time. I hope you'll choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

*The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services.
<http://www.samhsa.gov>

Screener No Contact Letter



[DATE]

[NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

Dear [FILL NAME]:

Recently, a professional interviewer from RTI International came to your home to speak with you about answering a few questions for the National Study of Mental Health*. You were not available to answer the questions at that time and have been away or unavailable each time the interviewer has returned since then. Your participation is important—this is why we continue to try and reach you.

Your answers to these questions, which will take about 15 minutes to complete, will tell us whether you are selected to participate in the main interview for the study.

We appreciate that your time is precious. **As a token of our appreciation, you will receive \$20 for answering these questions. If you are selected for and complete the main interview which will occur on a different day, you will receive an additional \$30.**

You can complete the screening survey online, via telephone, or an interviewer can come to your home at a time that is convenient for you. To complete the 15-minute survey via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the screening survey via a website on a personal computer, laptop, or tablet:

- 1. In your web browser type the study website address: <https://nsmh.rti.org>**
- 2. On the login screen, type your password exactly as shown below:**

Password: <Password>

If you would like to set up an appointment for an interviewer to come to your home, please telephone me toll-free at [TOLL FREE NUMBER].

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Thank you for your time. I hope you'll choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, telephone me toll-free at [TOLL FREE NUMBER].

* The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services.
[\[http://www.samhsa.gov\]](http://www.samhsa.gov)

Clinical Interview No Contact Letter



[DATE]

[NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

Dear [FILL NAME]:

Recently, a professional interviewer from RTI International tried to contact you about your participation in the National Study of Mental Health*. You were not available at that time and have been away or unavailable each time the interviewer has tried to reach you. Your participation in this study is important—this is why we continue to try and reach you.

A limited number of people were randomly selected to represent the population of the U.S. You cannot be replaced. If you choose not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, the option to refuse to answer any question is always available.

The results of this study will help state and national policymakers learn about mental health—including information on access to and use of treatment, as well as alcohol, tobacco, and drug use—so that informed decisions about policies and programs can be made. By participating in this study, you will be contributing to furthering our understanding of important health-related issues.

Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included. Please feel free to call me to set up an appointment—the interview can be conducted [FILL: via video; via video or telephone; via video, telephone, or at any private location of your choice].

We appreciate that your time is precious. [IF SCREENER MODE = MAIL OR JAIL FILL: **As a token of our appreciation, you will receive \$30 at the end of the interview;** IF SCREENER MODE = ELSE FILL: **As a token of our appreciation for agreeing to participate in the main interview you received \$30**].

Thank you for your time. I hope you'll choose to participate in this extremely important and beneficial study.

Sincerely,

[CS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, call me toll-free at [TOLL FREE NUMBER].

* The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services. [<http://www.samhsa.gov>]

ROSTER UNABLE TO CONTACT COMPLEX/GATED COMMUNITY



[DATE]

Resident [COMPLEX/COMMUNITY NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]

Dear Resident:

Recently we sent a letter requesting your help with the National Study of Mental Health conducted by RTI International for the Substance Abuse and Mental Health Services Administration (SAMHSA).

A limited number of household addresses—including yours—were randomly chosen to take part in this important study. No other household or person can take your place. Information gathered from this study will be helpful for researchers and local, state and federal health agencies in developing various mental health-related policies and programs.

Typically, a professional interviewer from RTI International visits each selected residence in person. We respect the policies of [COMPLEX/COMMUNITY NAME] and appreciate your desire for privacy, so we are contacting you by mail instead. Your participation in this study is very important or we would not continue to try to reach you.

Since we cannot contact you in person, please complete the household membership listing via telephone or online. To complete the 5-minute household membership listing via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. **You will receive \$10 for answering these questions via telephone or online.** To complete the survey via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address: <https://nsmh.rti.org>**
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

Or, please call our supervisor for your area, [FIRST & LAST NAMES] to set an appointment for an interviewer to visit your household. If you answer these questions with a field interviewer in person you will receive \$5 in cash.

<p>[FIRST & LAST NAME] [PHONE NUMBER] (toll free)</p>

We only need a few minutes of your time to see if someone in your household will be chosen to answer a few additional questions to find out if they are eligible for an interview. Every person who answers the additional questions will receive \$20, and **if someone is chosen and completes the main interview, he or she will receive \$30 as a token of appreciation.** Any information you provide is kept completely confidential and will be used only for statistical purposes.

For more details about the study, please visit <https://nsmh.rti.org>. Your call to [MR./MS. LAST NAME] is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely,

National Field Director

SCREENER UNABLE TO CONTACT COMPLEX/GATED COMMUNITY



[DATE]

[NAME OF COMPLEX/COLLEGE/UNIVERSITY]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [FILL NAME]:

Recently, an interviewer from RTI International came to your [HOME /RESIDENCE HALL] to ask you a few questions to find out if you are selected to participate in the National Study of Mental Health*. **Your participation is important—which is why we continue to try to reach you.**

We want to provide you with additional information about the study:

- A limited number of individuals—including you—were randomly chosen to take part. No other person can take your place in this study.
- Your answers to these questions, which will take about 15 minutes to complete, will tell us whether you are selected to participate in the main interview for the study.
- As a token of our appreciation, you will receive \$20 for answering these brief questions.
- If you are selected for and complete the longer interview, which will take place on a different day, you will receive \$30.
- Any information you provide is kept completely confidential and will be used only for statistical purposes.
- For more details about the study, please visit <https://nsmh.rti.org>.

We are happy to work around your schedule so that you can be included. To complete the 15-minute screening survey via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the screening survey via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address:** <https://nsmh.rti.org>
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

Or, please contact our supervisor for your area, [FIRST & LAST NAME], to set up an appointment.

<p>[FIRST & LAST NAME] [PHONE NUMBER] (toll free)</p>

If [MR./MS. LAST NAME] is not available when you call, please leave your phone number, address and the time you wish to be interviewed. [HE/SHE] will call you to confirm your appointment.

* The National Study of Mental Health is conducted by RTI International or the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services. [<http://www.samhsa.gov>]

ROSTER/SCREENER/CI TOO BUSY LETTER



[DATE]

[IF SCREENER OR CI FILL: [NAME]]
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear [IF ROSTER FILL: Resident; ELSE FILL [NAME]]:

Recently, a professional interviewer from RTI International contacted you about participating in [IF ROSTER FILL: a household membership listing; IF SCREENER FILL: a screening survey; IF CLINICAL INTERVIEW FILL: an interview] for the National Study of Mental Health*. At the time, you expressed some reluctance about spending the time necessary to participate.

A limited number of [IF ROSTER FILL: households; ELSE FILL: people] were randomly selected to represent the population of the U.S. [IF ROSTER FILL: Your household; ELSE FILL: You] cannot be replaced. If [IF ROSTER FILL: your household chooses; ELSE FILL: you choose] not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

As you know, this nation is made up of all kinds of people, and so we are interviewing all kinds of people—including busy people like you. If we only interviewed people who have a lot of free time, then active people like yourself would not be fairly represented. Your participation is critical to the success of this study, and we are happy to make a special effort to work around your schedule so that you can be included.

We appreciate that your time is precious. **[IF ROSTER FILL: As a token of our appreciation, you will receive \$5 in cash if completed with a field interviewer in person or \$10 if completed via web or telephone.** It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. Or, you can answer the questions online or via telephone. To complete the 5-minute household membership listing via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the household membership listing via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address:** <https://nsmh.rti.org>
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

[IF SCREENER FILL: As a token of our appreciation, you will receive \$20. It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. Or, you can answer the questions online or via telephone. To complete the 15-minute screening survey via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the screening survey via a website on a personal computer, laptop, or tablet:

1. In your web browser type the study website address: <https://nsmh.rti.org>
2. On the login screen, type your password exactly as shown below:

Password: <Password>

[IF CLINICAL INTERVIEW AND SCREENER MODE = MAIL OR JAIL FILL: **As a token of our appreciation, you will receive \$30 at the end of the interview.** Please let me know a date and time that works best for you and I will do my best to accommodate your schedule.] [IF CLINICAL INTERVIEW AND SCREENER MODE = WEB OR IN PERSON OR PHONE FILL: **As a token of our appreciation for agreeing to participate in the main interview you received \$30**] I would like to schedule your interview at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule.].

We combine your answers with the answers of thousands of other people and report them only as overall numbers. [IF NOT SCREENER OR (IF SCREENER AND SCREENER NE TO CAT-MH) FILL: Also, the option to refuse to answer any question is always available.]

The National Study of Mental Health is a major source of national data concerning mental health, substance use, and emotional issues. Information from this study will be used by government agencies, policy makers, and researchers to understand trends in mental health and substance use treatment. Results may be used to help design and support prevention, treatment, and education programs. By participating in this study, you will contribute to furthering our understanding of important health-related issues.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions or would like to set up an appointment, contact me toll-free at [TOLL FREE NUMBER].

*The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services. [] [<http://www.samhsa.gov>]

ROSTER/SCREENER/CI RELUCTANCE CONFIDENTIALITY LETTER



[DATE]

[IF SCREENER OR CI FILL [NAME]]
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear [IF ROSTER FILL: Resident; ELSE FILL [NAME]],

Recently, a professional interviewer from RTI International contacted you and asked you to participate in the National Study of Mental Health*. At the time, you expressed some concerns about participating in the study.

We understand that your privacy is important—RTI International does not provide individual answers to anyone. Your answers are combined with the answers of thousands of other people and reported only as overall numbers. Also, we never ask for your full name.

[IF NOT SCREENER OR (IF SCREENER AND SCREENER NE TO CAT-MH) FILL: In addition, the option to refuse to answer any question is always available.]

A limited number of [IF ROSTER FILL: households; ELSE FILL: people] were randomly selected to represent the population of the U.S. [IF ROSTER FILL: Your household; ELSE FILL: You] cannot be replaced. If [IF ROSTER FILL: your household chooses; ELSE FILL: you choose] not to participate, your experiences and views—as well as the thousands of people you represent—will not be heard.

We also appreciate that your time is precious. [IF CLINICAL INTERVIEW AND SCREENER MODE = MAIL OR JAIL FILL: **As a token of our appreciation, you will receive \$30 after completing the interview.** Please let me know a date and time that works best for you and I will do my best to accommodate your schedule.]

[IF CLINICAL INTERVIEW AND SCREENER MODE = WEB OR IN PERSON OR PHONE FILL: **As a token of our appreciation for agreeing to participate in the interview you received \$30.** I would like to schedule [IF R INDICATED ABILITY TO DO VIDEO CALL FILL: a video interview; ELSE FILL: an in person interview] at a date and time that works best for you. You indicated [FILL BEST DAYS AND TIMES R PROVIDED] would work best. Please let me know if [FILL DAY, DATE, AND TIME IN THE NEXT WEEK THAT FALLS IN R'S PARAMETERS] will work for you. If not, please suggest another date and time and I will do my best to accommodate your schedule.]

[IF ROSTER FILL: **As a token of our appreciation, you will receive \$5 in cash if completed with a field interviewer in person or \$10 if completed via web or telephone.** It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. Or, you can answer the questions online or via telephone. To complete the 5-minute

household membership listing via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the household membership listing via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address:** <https://nsmh.rti.org>
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

[IF SCREENER FILL: **As a token of our appreciation, you will receive \$20.** It is not necessary for you to let the interviewer into your home—you can answer the questions right at your door. Or, you can answer the questions online or via telephone. To complete the 15-minute screening survey via telephone please call us toll-free at 877-267-2910 between [FILL], Eastern Time. To complete the screening survey via a website on a personal computer, laptop, or tablet:

1. **In your web browser type the study website address:** <https://nsmh.rti.org>
2. **On the login screen, type your password exactly as shown below:**

Password: <Password>

The National Study of Mental Health is a major source of national data concerning mental health, substance use, and emotional issues. Information from this study will be used by government agencies, policy makers, and researchers to understand trends in mental health and substance use treatment. Results may be used to help design and support prevention, treatment, and education programs. By participating in this study, you will be contributing to furthering our understanding of important health issues.

Thank you for your time. I hope you'll reconsider and choose to participate in this extremely important and beneficial study.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, contact me toll-free at [TOLL FREE NUMBER].

*The National Study of Mental Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency in the U.S. Department of Health and Human Services. [] [<http://www.samhsa.gov>]

Automated Emails: New, Rescheduled, Canceled, Missed Appointments

New Appointment:

Subject Line: Your Upcoming Appointment for the NSMH (T2183422)

Message Body: Thank you for scheduling your appointment for the National Study of Mental Health. Your appointment has been scheduled for August 12, 2021 at 7AM-9AM Eastern. Your interviewer's name is CHRISTINE. Please be on the lookout for an email from CHRISTINE with the specific instructions for joining the interview call.

In the meantime, if you have any questions about your upcoming interview, please contact us at 833-947-2575 between 9am and 5pm Eastern on weekdays. You may be asked to provide your interview identification number which is T2183422 .

If it is necessary for you to reschedule your appointment, you can do that at this link:

<https://nsmh.rti.org/ScheduleAppointment.aspx?passcode=TEST&Language=English&TimeZone=Eastern&Lang=1>

Thank you for your willingness to participate in this important study.

Sincerely,
Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

Rescheduling Appointment:

Subject Line: 'Rescheduling your Appointment for the NSMH (T0029912)

Message Body: Based on your recent request to reschedule your appointment for the National Study of Mental Health, your appointment is now set for September 04, 2021 at 7AM-9AM Pacific. Your interviewer's name is CHRISTINA. Please be on the lookout for an email from CHRISTINA with the specific instructions for joining the interview call.

In the meantime, if you have any questions about your upcoming interview, please contact us at 833-947-2575 between 9am and 5pm Eastern on weekdays. You may be asked to provide your interview identification number which is T0029912.

If it is necessary for you to reschedule your appointment, you can do that at this link:

<https://nsmh.rti.org/ScheduleAppointment.aspx?passcode=TEST&Language=English&TimeZone=Pacific&Lang=1>

Thank you for your willingness to participate in this important study.

Sincerely,
Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

Canceled Appointment:

Subject Line: Canceling Your Appointment for the NSMH (TT753012)

Message Body: We received your recent request to cancel your appointment to be interviewed for the National Study of Mental Health.

We have canceled your appointment and updated our records to indicate you no longer wish to participate.

If you have any further questions about the National Study of Mental Health, please contact us at 833-947-2575 between 9am and 5pm Eastern on weekdays.

You may be asked to provide your interview identification number which is T0029912 .

You can reschedule your appointment at this link:

<https://nsmh.rti.org/ScheduleAppointment.aspx?passcode=TEST&Language=English&TimeZone=Pacific&Lang=1>

Thank you for your willingness to participate in this important study.

Sincerely,
Heather Ringeisen, PhD
Principal Investigator, NSMH
RTI International

Missed Appointment Email:

Subject Line: Missed Interview Appointment for NSMH

Message Body: Hello [INSERT R NAME],

This message was sent to notify you of a missed main interview appointment scheduled with Clinical Interviewer [INSERT CI NAME].

You have two options to reschedule another time to complete the main interview:

- Select a new date/time at this link [HYPERLINK TO SCHEDULER]; or
- Contact [INSERT CI NAME] to identify a new date/time.

If you have any questions, please call the NSMH project line: 833-947-2575.

Thanks for your time,
NSMH Management Team

Texts

NSMH Texts

Screener Text Invitations (Only Applicable to the RR if selected for screening):

- **Text Invitations #1 - 2:**

Please complete the National Study of Mental Health survey and receive \$20. Text STOP to opt out. [unique survey link here]

- **Final Text Invitation:**

Last chance to complete the National Study of Mental Health survey before a field interviewer contacts you at home. Complete now and you will receive \$20. Text STOP to opt out. [unique survey link here]

Clinical Interview Appointment Text

I appreciate you taking time for this important study and look forward to our appointment to complete the interview. Your appointment is scheduled for [DAY OF WEEK], [DATE], at [TIME]. Thank you!

Missed Appointment Clinical Interview Appointment Text

I'm sorry we were unable to meet for our scheduled appointment. Please let me know a date and time that works best for you and I'll reschedule it. Thank you for taking time for this important study!

Or

I was unable to reach you for our interview appointment. Please let me know a date and time that works best for you and I'll reschedule it. Thank you for taking time for this important study!

Unable to Contact Text

NSMH Text Message

To Clinical Interview Respondents We've Been Unable to Contact/Schedule

Thank you for agreeing to participate in the National Study of Mental Health! We haven't been able to reach you to schedule your interview. Please contact us at 833-947-2575 to schedule your interview at a date and time that works best for you.

NSMH Website Content

A. Public Information

1. Landing Page

The National Study of Mental Health (NSMH) is a research effort that will provide critical information on mental health and health behaviors in the United States.

The NSMH will help begin to answer questions on these important topics by interviewing people who live at home as well as those who are currently hospitalized, incarcerated, or residing in homeless shelters. Participants across the United States will be invited to participate in this important national study. This initiative represents one of the largest studies on mental health in the United States. We're very pleased to invite you to participate in this exciting research opportunity!

[There will be links at the top of the landing page to separate pages for items 2 – 6](#)

2. About

You may have received a letter inviting you to complete a short household membership listing. Once that is complete, up to two people in your household may be invited to complete a short screening survey and an interview.

You can complete the household membership listing and screening survey online, by phone, by mail, or if needed, a trained interviewer can come to your home. You can complete the main interview by video, by phone, or if needed, a trained interviewer can come to your home to conduct the interview.

You will be asked questions about mental health, health behaviors including tobacco, alcohol, and drug use, and access to medical care and treatment. More details on the household membership listing, short screening survey, and main interview will be provided to you.

Please be assured that all your data will be kept confidential.

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

1-800-273-TALK or 1-800-273-8255

1-888-628-9454 (Spanish)

<http://suicidepreventionlifeline.org/>

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

3. Confidentiality

Confidentiality is critical to this research effort and RTI places great importance on maintaining the highest standards of confidentiality and integrity of participants' data.

Participants cannot be identified through any information they provide. Participants' names and addresses will never be connected to their answers. All answers will be combined with responses from other participants; the results of the study will come from the combined answers and it won't be possible to identify any individual. Information provided by a participant will only be used by authorized personnel for statistical purposes.

Federal law requires us to keep all answers confidential. The right of privacy is guaranteed by the federal **Privacy Act of 1974**. This Act prohibits the release of personal information gathered by or for a federal agency without the written consent of the respondent. Fines and penalties apply to individuals or organizations that violate this law.

The National Study of Mental Health project has also obtained a Certificate of Confidentiality from the Department of Health and Human Services (DHHS). This adds special protection for the research information about participants because it protects the research team from being forced, even under a court order or subpoena, to release information that could identify anyone.

4. RTI & Collaborators

The National Study of Mental Health is led by RTI International in collaboration with Columbia University/New York State Psychiatric Institute (CU/NYSPI), the University of Washington, Duke Health, Harvard University, the Treatment Advocacy Center, and the University of Chicago. The study is funded by a grant to RTI from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (DHHS).

Founded in 1958, RTI is an independent, nonprofit research organization dedicated to improving the human condition. Our vision is to address the world's most critical problems with science-based solutions in pursuit of a better future.

Our experts hold degrees in more than 250 scientific, technical, and professional disciplines across the social and laboratory sciences, engineering, and international development fields. Our staff of nearly 6,000 works in more than 75 countries—tackling [hundreds of projects](#) each year to address complex social and scientific challenges on behalf of governments, businesses, foundations, universities, and other clients and partners.

Principal Investigators

Dr. Heather Ringeisen (Photo)

Dr. Mark Edlund (Photo)

For more information about RTI please visit www.rti.org

This study is led by RTI International in collaboration with:

- Columbia University (CU) / New York State Psychiatric Institute (NYSPI)
 - Dr. Lisa Dixon, Co-Investigator
 - Dr. Michael First, Co-Investigator
 - Dr. Mark Olfson, Co-Investigator
 - Dr. Thomas Smith, Co-Investigator
 - Dr. T. Scott Stroup, Co-Investigator
- University of Washington
 - Dr. Lydia Chwastiak, Co-Investigator
 - Dr. Maria Monroe-DeVita, Co-Investigator
- Duke University
 - Dr. Jeffrey Swanson, Co-Investigator
 - Dr. Marvin Swartz, Senior Advisor
 - Dr. Allison Robertson, Research Scientist
- Harvard University
 - Dr. Ronald Kessler, Co-Investigator
- University of Chicago
 - Dr. Robert Gibbons, Co-Investigator

5. Selected Participants

Thank you for visiting the National Study of Mental Health (NSMH) Website. Your participation in this national study is very important and we appreciate your interest.

For the study, household addresses are randomly selected through scientific methods. Once your household has been selected, no other household can take your place. For this reason, please know your participation matters and is critical for furthering our understanding of mental health and substance use in the United States.

If your address has been selected, you should have received a letter inviting you to complete a short household membership listing. This will only take a few minutes, and the household

member who completes this online, by telephone, or by mail will receive a \$10 check or \$10 electronic prepaid Visa®. Or a trained interviewer can come to your home and you will receive \$10 in cash for your participation.

Once the household membership listing is complete, up to two people in your household may be invited to complete a short screening survey. This 15-minute survey can be completed online, by phone, by mail, or if needed, a trained interviewer can come to your home. To thank you for your participation you will receive \$20 (a \$20 check or \$20 electronic prepaid Visa® if completed online, by telephone, or by mail; \$20 in cash if completed in person).

Those that complete the screening survey may be selected for the main interview, which can be completed by video, by phone, or if needed, a trained interviewer can come to your home to conduct the interview. You will be asked questions about mental health, health behaviors including tobacco, alcohol and drug use, and access to medical care and treatment. This interview will take about 80 minutes, and to thank you for your participation you will receive \$30 (a \$30 check or \$30 electronic prepaid Visa® if completed by video or telephone; \$30 in cash if completed in person).

Please review the NSMH brochure and/or use your study password to access additional information here.

Ready to complete the *NSMH Household Membership Listing* or *NSMH Screening Survey* online or by telephone?

You can do it in three different ways:

- Enter your password here: (the box goes here)
- Scan your QR Code from the letter we sent you, or
- Call us toll-free at 877-267-2910.

Ready to schedule the *NSMH interview*?

- Call us toll-free at **833-947-2575**

To speak with a project representative, please call 833-947-2575 (a toll-free number).

We sincerely appreciate your help in this important effort and look forward to talking with you soon.

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

1-800-273-TALK or 1-800-273-8255

1-888-628-9454 (Spanish)

<http://suicidepreventionlifeline.org/>

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

6. Contact Us

If you have questions or concerns about the study, please contact the project via phone, email, or mail:

- **Toll-free project number:** 833-947-2575
- **E-mail:** nsmh@rti.org
- **Mail:**
 - NSMH Project
RTI International
3040 E Cornwallis Rd, PO Box 12194
Research Triangle Park, NC 27709

B. Information Accessible to Respondents that Log-In

1. Frequently Asked Questions

[file:///RTPNFIL02/mdps/Data Collection Household/Website/13481 Info Access Respo
n that NSMH WEB 09 21 20 PDFs.pdf](file:///RTPNFIL02/mdps/Data%20Collection%20Household/Website/13481%20Info%20Access%20Respon%20that%20NSMH%20WEB%2009%2021%2020%20PDFs.pdf)

2. Advarra - Institutional Review Board Information

An institutional review board (IRB) is an independent committee established to help protect the rights of research subjects. If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, contact:

- By mail:
 - Study Subject Adviser
 - Advarra IRB
 - 6940 Columbia Gateway Drive, Suite 110
 - Columbia, MD 21046
- or call **toll free:** 877-992-4724
- or by **email:** adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser:
Pro00042170.

IRB Protocol Number: Pro00042170

IRB Approval Date: [FILL]

3. Main Interview Showcards

Showcard #1:

[file:///Rtpnfil02/mdps/Data Collection Household/Showcards/Showcard%201%20-%20Medications.pdf](file:///Rtpnfil02/mdps/Data%20Collection%20Household/Showcards/Showcard%201%20-%20Medications.pdf)

Showcard #2:

[file:///Rtpnfil02/mdps/Data Collection Household/Showcards/Showcard%202%20-%20Income%20Type.pdf](file:///Rtpnfil02/mdps/Data%20Collection%20Household/Showcards/Showcard%202%20-%20Income%20Type.pdf)

4. Consent Forms

- **Screening Survey Informed Consent Form -**
https://blaise5esn.rti.org/mdps_screening/MDPS_Fullconsent.pdf).
- **Interview Informed Consent Form -**
[file:///RTPNFIL02/mdps/Management/IRB/Advarra/ICFs%20\(Approvals%20and%20Submissions\)/Approved/August 2020/Site/Ringeisen%20Household%20ICF%20Pro00042170%20Aug1320.pdf](file:///RTPNFIL02/mdps/Management/IRB/Advarra/ICFs%20(Approvals%20and%20Submissions)/Approved/August%202020/Site/Ringeisen%20Household%20ICF%20Pro00042170%20Aug1320.pdf)

COVID Risk Form Vaccinated Protocol A

Important Information about COVID-19 and Your Participation in NSMH

This document contains important information about COVID-19 and how participating in research may impact you. COVID-19 is the disease caused by a newly identified type of coronavirus. Study participation will include visiting with a NSMH interviewer. If the interviewer who conducts the household membership listing and/or screening survey(s) tests positive for COVID-19 in the future, the state or local health department or their agents may reach out to this household for the purpose of contact tracing. Please be assured that if this occurs, the interviewer will only share with the health department or their agents the address of this household and the time and dates of the interviewer's visits. None of the answers you provide during the household membership listing or screening survey will be shared. It is also possible that the contact tracers may use the address shared by the interviewer to find other means to contact this household such as by phone or email.

How is COVID-19 spread? People can catch COVID-19 from other people who have the virus. The disease spreads mainly from person to person through small droplets from the nose or mouth, which are spread when a person with COVID-19 coughs, sneezes, or speaks.

What are the symptoms of COVID-19? Symptoms of COVID-19 may include:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms typically appear 2-14 days after exposure to the virus. It is possible that individuals with the COVID-19 virus will not display any of these symptoms. You can find more information at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

What are some ways to reduce the risk of getting or spreading COVID-19?

- Regularly wash your hands for at least 20 seconds with soap and water or alcohol-based hand sanitizer.
- Maintain at least 6 feet between yourself and others.
- Avoid going to crowded places where you are more likely to come into close contact with someone who has COVID-19 and it is more difficult to maintain physical distance.
- Wear a mask that covers your mouth and nose when you go out in public or have in-person contact with someone from outside of your household.
- Avoid touching your eyes, nose and mouth. Your hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body.
- If you are not wearing a mask and need to cough or sneeze, cover your mouth and nose with a bent elbow or tissue.

What happens if someone gets COVID-19? People with COVID-19 may have a wide range of symptoms—ranging from mild symptoms to severe illness. Older adults and people who already have serious medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing complications or dying from COVID-19. Vaccines and new treatment options will help decrease the severity of a COVID-19 infection, although they may not be readily available in your community or to all individuals. We want to provide you this information because your choice about whether to participate in this study or to invite an interviewer into your home might be informed by whether there is someone in your household who is older or has a medical condition that increases the risk of becoming severely ill as a result of COVID-19.

How do I know a NSMH interviewer does not have COVID-19? Unfortunately, there is no guarantee that an interviewer does not have COVID-19. This is because individuals can have the virus but only have mild symptoms or even no symptoms of COVID-19 at all. However, interviewers have promised to take their temperature every day and are not allowed to work if they have a fever. Interviewers have also promised that they will not conduct in-person data collection if they or any members of their household show symptoms of or have been diagnosed with COVID-19.

What steps are interviewers required to take to keep me and others safe? While out in the field, an interviewer is required to use hand sanitizer frequently. The interviewer must wear a disposable mask to help reduce the likelihood that he or she could give you COVID-19. The interviewer will practice social distancing, which means he or she will sit or stand at least 6 feet from you and other persons during the household membership listing and screening survey and will remain outside if possible. The interviewer will not have physical contact with you or other members of your household.

Does the interview need to be conducted inside my home? No, it does not need to be conducted inside your home. You and the interviewer can talk outside—on a porch or steps, in your yard, or in some nearby public outdoor space that allows sufficient privacy. If you want to participate at another location, you and the interviewer will have to maintain social distance from each other as well as other people. We must keep our data confidential so we need a location where no one will be able to hear or see your answers.

You can complete the household membership listing and the screening survey online or by phone if you prefer. You may have already received your login and password. If you no longer have it, please contact our study assistance line toll-free at 833-947-2575 to obtain your password and then visit the NSMH website (<https://nsmh.rti.org>). To complete by phone, call 877-267-2910; this is a toll-free number. If you are selected for the main interview it will be done by video or phone.

How will I complete the interview? I will ask you questions to complete the household membership listing. If you are selected for the screening survey you will use a tablet. The tablet will be sanitized prior to your use and we can provide you with gloves if that would make you more comfortable. Paper forms are single-use and have not been touched by other participants. If you are selected for the main interview an interviewer will ask you questions by video or phone.

If you have additional questions about your participation in NSMH, please call 1-833-947-2575.

COVID Risk Form Unvaccinated Protocol B

Important Information about COVID-19 and Your Participation in NSMH

This document contains important information about COVID-19 and how participating in research may impact you. COVID-19 is the disease caused by a newly identified type of coronavirus. Study participation will include visiting with a NSMH interviewer. If the interviewer who conducts the household membership listing and/or screening survey(s) tests positive for COVID-19 in the future, the state or local health department or their agents may reach out to this household for the purpose of contact tracing. Please be assured that if this occurs, the interviewer will only share with the health department or their agents the address of this household and the time and dates of the interviewer's visits. None of the answers you provide during the household membership listing or screening survey will be shared. It is also possible that the contact tracers may use the address shared by the interviewer to find other means to contact this household such as by phone or email.

How is COVID-19 spread? People can catch COVID-19 from other people who have the virus. The disease spreads mainly from person to person through small droplets from the nose or mouth, which are spread when a person with COVID-19 coughs, sneezes, or speaks.

What are the symptoms of COVID-19? Symptoms of COVID-19 may include:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms typically appear 2-14 days after exposure to the virus. It is possible that individuals with the COVID-19 virus will not display any of these symptoms. You can find more information at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

What are some ways to reduce the risk of getting or spreading COVID-19?

- Regularly wash your hands for at least 20 seconds with soap and water or alcohol-based hand sanitizer.
- Maintain at least 6 feet between yourself and others.
- Avoid going to crowded places where you are more likely to come into close contact with someone who has COVID-19 and it is more difficult to maintain physical distance.
- Wear a mask that covers your mouth and nose when you go out in public or have in-person contact with someone from outside of your household.
- Avoid touching your eyes, nose and mouth. Your hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body.
- If you are not wearing a mask and need to cough or sneeze, cover your mouth and nose with a bent elbow or tissue.

What happens if someone gets COVID-19? People with COVID-19 may have a wide range of symptoms—ranging from mild symptoms to severe illness. Older adults and people who already have serious medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing complications or dying from COVID-19. Vaccines and new treatment options will help decrease the severity of a COVID-19 infection, although they may not be readily available in your community or to all individuals. We want to provide you this information because your choice about whether to participate in this study or to invite an interviewer into your home might be informed by whether there is someone in your household who is older or has a medical condition that increases the risk of becoming severely ill as a result of COVID-19.

How do I know a NSMH interviewer does not have COVID-19? Unfortunately, there is no guarantee that an interviewer does not have COVID-19. This is because individuals can have the virus but only have mild symptoms or even no symptoms of COVID-19 at all. However, interviewers have promised to take their temperature every day and are not allowed to work if they have a fever. Interviewers have also promised that they will not conduct in-person data collection if they or any members of their household show symptoms of or have been diagnosed with COVID-19.

What steps are interviewers required to take to keep me and others safe? While out in the field, an interviewer is required to use hand sanitizer frequently. The interviewer must wear an N95 mask and may wear a face shield as well to help reduce the likelihood that he or she could give you COVID-19. The interviewer will practice social distancing, which means he or she will sit or stand at least 6 feet from you and other persons during the household membership listing and screening survey and will remain outside if possible. The interviewer will not have physical contact with you or other members of your household.

Does the interview need to be conducted inside my home? No, it does not need to be conducted inside your home. You and the interviewer can talk outside—on a porch or steps, in your yard, or in some nearby public outdoor space that allows sufficient privacy. If you want to participate at another location, you and the interviewer will have to maintain social distance from each other as well as other people. We must keep our data confidential so we need a location where no one will be able to hear or see your answers.

You can complete the household membership listing and the screening survey online or by phone if you prefer. You may have already received your login and password. If you no longer have it, please contact our study assistance line toll-free at 833-947-2575 to obtain your password and then visit the NSMH website (<https://nsmh.rti.org>). To complete by phone, call 877-267-2910; this is a toll-free number. If you are selected for the main interview it will be done by video or phone.

How will I complete the interview? I will ask you questions to complete the household membership listing. If you are selected for the screening survey you will use a tablet. The tablet will be sanitized prior to your use and we can provide you with gloves if that would make you more comfortable. Paper forms are single-use and have not been touched by other participants. If you are selected for the main interview an interviewer will ask you questions by video or phone.

If you have additional questions about your participation in NSMH, please call 1-833-947-2575.

Incentive/Thank You E-mail (Roster, Screener, CI)

NSMH Incentive E-mail

From: [PROJECT EMAIL]

Date: [FILL]

To: [RESPONDENT NAME]

Subject: How to redeem your study incentive

Hello, [RESPONDENT NAME],

Thank you for your help with this important research! This [FILL AMOUNT (\$10/\$20/\$30/\$50/\$60)] electronic prepaid Visa® is to thank you for your participation.

Here is the link to your \$[FILL] electronic prepaid Visa®.

[INSERT LINK]

Thank You,

National Study of Mental Health (NSMH) staff

For more information please email: nsmh@rti.org.

If you have questions, you can call our study assistance line toll-free at 833-947-2575.

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

1-800-273-TALK or 1-800-273-8255

1-888-628-9454 (Spanish)

<http://suicidepreventionlifeline.org/>

If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

Incentive Receipt In-person

Substance Abuse and Mental Health Services Administration

and

RTI International

thank you for participating in the National Study of Mental Health.

In appreciation of your participation in this important study, you are eligible to receive:

- \$10 Cash Incentive for Completing the Household Membership Listing
- \$20 Cash Incentive for Completing the Screening Survey
- \$30 Cash Pre-Incentive for Agreeing to Complete the Main Interview / Incentive for Completing the Main Interview

Since maintaining the confidentiality of your information is important to us, your name will not be entered on this form. However, the interviewer must sign and date this form to certify you received (or declined) the cash incentive.

Interviewer:

Case ID:

Date:

- Accepted Cash Incentive
- Declined Cash Incentive

If you have questions about the study you can call our study assistance line toll-free at 833-947-2575.

If you ever feel that you need to talk to someone about mental health issues, you can call the National Lifeline Network. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

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If you ever feel that you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

<http://findtreatment.samhsa.gov>

Brochure Text

Front panel

What is the National Study of Mental Health?

The National Study of Mental Health (NSMH) is a large-scale research effort to improve understanding of mental health and health behaviors in the United States.

Back panel

Ready to participate? Go to <https://nsmh.rti.org> and enter your password or call 877-267-2910

For more information on RTI International contact:

Our Collaborators

Inside Panel

If you have questions about the National Study of Mental Health, please call 833-947-2575, e-mail: nsmh@rti.org, or visit our website at <https://nsmh.rti.org>

The NSMH asks questions about mental health and other health-related topics. This year 6,000 adults from across the United States will be interviewed for this study. Information from the NSMH will be used to determine national estimates of mental health and substance use disorders among U.S. adults ages 18 to 65. The study will also provide information on the number of adults who receive treatment.

This study is led by RTI International in collaboration with Columbia University/New York State Psychiatric Institute (CU/NYSPI), University of Washington, Duke Health, Harvard University, the Treatment Advocacy Center, and the University of Chicago. The study is funded by a grant to RTI from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (DHHS).

Inside Panel - #1

Questions

Why Should I Participate? You are important! Your address was chosen to represent thousands of households across the nation, and no other household can take your place. By participating in the NSMH, you are contributing to a national effort to better understand mental health and health behaviors. This research has the potential to inform federal, state, and local efforts to address the unmet needs of individuals and families in terms of mental health and substance use. The adult who completes the initial questions will receive \$10. If an adult is selected for and completes the screening survey they will receive \$20. If an adult is selected for and completes the main interview they will receive \$30. What If I Do Not Have Any Mental Health Conditions? The responses of people who do not

experience mental health conditions are just as important as the responses of people who do. Although some questions ask about mental health conditions, other questions ask about important health-related topics relevant for all people. How Was I Chosen? Household addresses, not specific people, were randomly selected through scientific methods. Once a household has been selected, it cannot be replaced for any reason. This ensures that the NSMH accurately represents the many different types of adults in the United States.

Middle panel

How Does My Household Participate? To begin we need an adult 18 years old or older, who is knowledgeable about your household, to complete a 5-minute household membership listing via our study website, telephone, or mail. If the 5-minute household membership listing is not completed online, by telephone, or by mail one of our professional interviewers will contact you to schedule a time to complete the listing in person. After the 5-minute household membership listing has been completed up to two adults could be chosen to complete a 15-minute screening survey to find out if they are eligible for the main interview. This survey can be completed via our study website, telephone, mail, or in person. Up to two adults could be chosen for the main interview. The main interview will be conducted via video, in person, or by telephone. **What Will Happen During the Interview?** An interviewer will conduct the interview with each selected person using a computer. The interviewer will read the questions aloud and enter the participant's responses into the computer. The interview takes about 80 minutes to complete. People who complete the main interview will receive \$30 as a token of our appreciation.

Last inside panel

What is RTI International? RTI is an independent, nonprofit research organization dedicated to improving the human condition. Our vision is to address the world's most critical problems with science-based solutions in pursuit of a better future. **What is the Substance Abuse and Mental Health Services Administration?** The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Congress established SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. **What is the U.S. Department of Health and Human Services?** DHHS is the nation's principal agency for protecting the health of all Americans and providing essential human services. The mission of DHHS is to enhance and protect the health and well-being of all Americans.

All information collected for this study will be kept confidential and used only for statistical purposes. To help keep information about you confidential, we have obtained a Certificate of Confidentiality (CoC) from the DHHS. This CoC adds special protection for the research information about you. The privacy of the information we collect about you will be very carefully protected.

FAQs

Questions	Possible Response
What's the study about?	The study asks questions about mental health, substance use, and other health-related topics. This important study provides up-to-date information on a variety of mental health conditions in the United States and explores connections between mental health issues and services.
Who is sponsoring this study?	This study is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services.
What is RTI International?	RTI International is a nonprofit research organization dedicated to conducting research that improves the human condition. Located in North Carolina, RTI performs various types of laboratory and social research for government and industrial clients.
Why me? Why this house?	Your address was randomly chosen to represent thousands of households across the nation. Once an address is chosen, no other address can be substituted for any reason. This practice ensures that the data represent the many different types of people in the United States.
How did you get my phone number?	IF YOU ARE PLACING OUTBOUND CALLS TO RESPONDENTS TO COMPLETE THE HOUSEHOLD MEMBERSHIP LISTING: RTI did a cross-reference search in publicly available sources to identify phone numbers associated with the selected address. RTI is calling to ensure that the members of the household have a chance to participate in the study. IF YOU ARE PLACING OUTBOUND CALLS TO SELECTED SCREENING RESPONDENTS: The person who completed the household membership listing provided your name and contact information.
Will my answers be kept private?	Absolutely. No answers will be connected with any individual and your name will never be identified with your answers. Our interest is only in the set of all responses.

Questions	Possible Response
	Federal law protects the confidentiality of all personal information you provide. Any violation of the law is a felony punishable by fines and imprisonment.
How long will this take?	<p>Our initial questions will only take a few minutes. Once these are completed we will know if any adult in your household has been selected to be screened.</p> <p>The screening survey takes about 15 minutes. Once it is completed we will know if the adult who completes the screener survey has been selected to be interviewed.</p> <p>The time for the interview varies, but it generally takes about 80 minutes. Of course, each person may take a little more or less time depending on that individual.</p>
How long will the screening survey take?	The screening survey takes about 15 minutes. Once it is completed, we will know if the adult who completes the screening survey has been selected to be interviewed.
How long will the interview take?	The time for the interview varies, but it generally takes about 80 minutes. Of course, each person may take a little more or less time depending on that individual.
I don't think I have any mental health issues. How can I help?	<p>In order for our sample to represent all people living in this country, we need people who do not experience health issues to participate as well as those who do.</p> <p>While some questions ask about mental health issues, other questions ask about important health-related topics relevant for all people.</p>
How will the study findings be used?	Study findings may help inform and guide federal, state, and local resource allocation decisions, programs, procedures, and practices. The study will also allow SAMHSA to better understand the unmet needs of individuals and families living with mental illness.
What do I get for participating?	<p>The adult who completes the initial questions will receive a \$10 electronic prepaid Visa® or \$10 check if completed online or via telephone, or \$5 cash if completed in person.</p> <p>If an adult is selected for and completes the screening survey, they will receive a \$20 electronic prepaid Visa® or \$20 check</p>

Questions	Possible Response
	<p>if completed online or via telephone, or \$20 cash if completed in person.</p> <p>If an adult is selected for and completes the main interview, they will receive a \$30 electronic prepaid Visa© or \$30 check if completed via video or telephone, or \$30 cash if completed in person.</p> <p>You will be contributing to important research that will inform and guide federal, state, and local policymakers. The results of this study will help state and national policymakers learn about mental health issues—including information on access to and use of treatment, as well as alcohol, tobacco, and drug use. This information may be useful in making informed decisions about policies and programs. By participating in this study, you will contribute to furthering our understanding about health-related issues.</p> <p>By participating in the NSMH, you are contributing to a national effort to better understand mental illness. This research has the potential to inform federal, state, and local efforts to address the unmet needs of individuals and families experiencing mental illness and serious mental illness.</p> <p>The study will provide information on the prevalence of mental illness and serious mental illness that can be used to help improve policy, program, and service implementation at the federal, state, and local levels.</p> <p>The NSMH is the first study to assess prevalence of serious mental illness, including psychosis, in both household and non-household settings. This will lead to a more accurate estimate of prevalence and advance our understanding of the barriers to treatment access and service use for this vulnerable population.</p>
<p>Who will my data be shared with?</p>	<p>Personally identifiable information, such as names and addresses, will not be shared with anyone outside of the research team. Federal law requires us to keep all answers confidential. The <u>right of privacy</u> is guaranteed by the federal Privacy Act of 1974. This Act prohibits the release of personal information gathered by or for a federal agency without the written consent of the</p>

Questions	Possible Response
	<p>respondent. Fines and penalties apply to individuals or organizations that violate this law.</p> <p>Information you provide that is not personally identifiable will be combined with responses from other participants; the results of the study will come from the combined answers of all participants, and it won't be possible to identify any individuals. Study data will be shared with SAMHSA but that dataset will never include information that allows anyone to identify you personally, such as your name or address. In addition, a public use data file that does not include personally identifiable information will be created and available to researchers who apply for access and receive approval.</p>
<p>How do I redeem the electronic gift card?</p>	<p>Click on the link to your electronic prepaid Visa© that was sent via email.</p> <p>You may also redeem your code by visiting https://www.prepaiddigitalsolutions.com and entering your Digital Token which was included in the same email as the gift card link.</p> <p>Please redeem your electronic prepaid Visa© on or before the date indicated in the email. After you have redeemed your card, you will have 12 months to spend the funds on your card before they expire. Please note this can only be used for an online purchase that is equal to or less than the value of the Visa©.</p>

Field and Clinical Interviewer Authorization Letter



October 2020 - December 2021

To Whom It May Concern:

This letter certifies that «Fname» «Lname» is a representative for the National Study of Mental Health, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). This study is a grant to RTI International, a nationally recognized nonprofit research organization with headquarters in Research Triangle Park, North Carolina, by SAMHSA. (SAMHSA Grant Number: 6H79FG000030-01M002).

If you need additional assurance that «Fname» «Lname» is a legitimate RTI representative assigned to this government sponsored study, please contact Kathleen Considine, Director of Field Operations, at 1-800-334-8571 Ext. 26612, between 9:00 AM and 5:00 PM ET, Monday through Friday.

Thank you for your cooperation.

Sincerely,

Kathleen Considine

Director of Field Operations

Attachment I

Nonhousehold Facility Materials

- 1) Recruitment Commencement Letter State DOCs
- 2) Recruitment Commencement Letter Combined
- 3) National Organizations Letter of Support Combined
- 4) SAMHSA NSMH Letter of Support
- 5) NSMH 1-page study description
- 6) Recruitment Commencement Letter Follow-up Email
- 7) Letter to Facility POC
- 8) NSMH FAQs Facility Staff
- 9) Summary of Clinical Interview Questionnaire Nonhousehold
- 10) SAMHSA NSMH Thank You Letter

Recruitment Commencement Letter State DOCs



[SAMHSA Logo]

<First Name> <Last Name> <Date>
<Position>, <County> <Department Name>
<Address>
<City>, <State> <Zip>

Dear <Title> <Last Name>:

We would like to introduce to you the upcoming **Mental and Substance Use Disorder Prevalence Study (MDPS)**, also known as the National Study of Mental Health (NSMH) that has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and will be conducted by RTI International (RTI) in collaboration with Columbia University, Duke Health, and the University of Washington¹. Our efforts will increase understanding of the prevalence of serious mental health and substance use disorders among adults living in households and adult prison populations. In addition, the study will focus on such disorders among adults in state psychiatric hospitals, jails, and those staying in homeless shelters located in New York City, North Carolina, and Washington.

In the next few weeks, a researcher from the study team will contact your office to obtain permission to conduct the study at <## prisons in your state:> [INSERT PRISON NAME(S)]. A sample of approximately 50 inmates will be invited to participate [FILL IF MORE THAN ONE prison SELECTED: at each prison]. Data collection will take place between [FILL DATE] and [FILL DATE] and will last for only a few days. The study team will work with your office to identify the best dates for study activities to take place at the [facility/facilities].

Interviews can be conducted by video conference, telephone, or in person.

More information about this study can be found in the enclosed printed materials, including:

- An overview of the study and
- A letter of support from professional organizations representing the nation’s correctional and mental health care communities.

We hope that you will participate in this important study. Please feel free to contact Stephen King, RTI’s MDPS Non-Household Team Activity Lead, at StephenKing@rti.org or 919-541-8094 to provide the contact information of someone from your staff who can assist in coordinating the interviews. You may also contact him if you have any questions about the study procedures or schedule.

Your agency might have been contacted by staff from RTI regarding the Bureau of Justice Statistic’s National Inmate Survey (NIS). Please note that the MDPS is not related to the NIS or to the Prison Rape Elimination Act in any way.

Sincerely,

[INSERT SIGNATURES]

Heather Ringeisen
MDPS Principal Investigator
RTI International

Enclosures

¹ Additional information about SAMHSA and our collaborating universities can be obtained at www.samhsa.gov, www.rti.org, www.columbia.edu, www.duke.edu, and www.washington.edu.



Recruitment Commencement Letter Combined

<LOCATION LOGO>
moved from bottom of letter



<First Name> <Last Name>
<Position>, <County> <Department Name>
<Address>
<City>, <State> <Zip>

<Date>

Dear <Title> <Last Name>:

We would like to introduce to you the upcoming **Mental and Substance Use Disorder Prevalence Study (MDPS)**, also known as the National Study of Mental Health (NSMH) that has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and will be conducted by RTI International (RTI) in collaboration with Columbia University, Duke Health, and the University of Washington¹. Our efforts will increase understanding of the prevalence of serious mental health and substance use disorders among adults living in households and adult prison populations. In addition, the study will focus on such disorders among adults in state psychiatric hospitals, jails, and those staying in homeless shelters located in New York City, North Carolina, and Washington.

In the next few weeks, a researcher from the study team will contact your office to obtain permission to conduct the study at [FACILITY NAME(S); SS-NGO SHELTERS: ## shelters under your jurisdiction: [INSERT SHELTER NAME(S)]]. Approximately [**HOSPITALS: 80 patients; JAILS: 50 inmates; SHELTERS: 46 residents**] will be invited to participate [**FILL IF MORE THAN ONE FACILITY SELECTED: at each <hospital/jail/shelter>].** Data collection will take place between [FILL DATE] and [FILL DATE] [**HOSPITALS: ‘and will last for only a few days.’ JAILS: ‘and will last for approximately one day.’ SHELTERS: ‘, with up to eight one-day data collection visits occurring in each shelter.’**] The study team will work with your office to identify the best <date/dates> for study activities to take place.

Interviews can be conducted by video conference, telephone, or in person.

More information about this study can be found in the enclosed printed materials, including:

- An overview of the study and
- A letter of support from [**HOSPITALS: ‘professional organizations representing the nation’s mental health care community.’ JAILS: ‘national sheriffs’ organizations.’ SHELTERS: ‘professional organizations representing the nation’s advocates for the homeless and mental health care community.’**].

We hope that you will participate in this important study. Please feel free to contact [INSERT SITE COORDINATOR NAME], [INSTITUTION]’s MDPS Site Coordinator, at [INSERT EMAIL ADDRESS] or [INSERT PHONE NUMBER] to provide the contact information of someone from your staff who can assist in coordinating the interviews. You may also contact [HIM/HER] if you have any questions about the study procedures or schedule.

[**JAILS: In the past, your office might have been contacted by staff from RTI regarding the Bureau of Justice Statistic’s National Inmate Survey (NIS). Please note that the MDPS is not related to the NIS or to the Prison Rape Elimination Act in any way.**]

Sincerely,

¹ Additional information about SAMHSA and our collaborating universities can be obtained at www.samhsa.gov, www.rti.org, www.columbia.edu, www.duke.edu, and www.washington.edu.

[INSERT SIGNATURES]

[INSERT SIGNATURES]

[INSERT NAME]
MDPS Principal Investigator, [INSTITUTION]

Heather Ringeisen
MDPS Principal Investigator, RTI International



Enclosures

National Organizations Letter of Support Combined

Organization logos

(DATE)

(AGENCY NAME)

(ADDRESS), (CITY, STATE, ZIP)

Dear (AGENCY CHIEF EXECUTIVE):

The Substance Abuse and Mental Health Services Association (SAMHSA) has awarded RTI International a cooperative agreement to conduct the Mental and Substance Use Disorder Prevalence Study (MDPS). The study will examine the prevalence of serious mental and substance use disorders and include clinical interviews with a national sample of adults living in households and a national sample of adults in prisons. In addition, clinical interviews will be done with adults in state psychiatric hospitals, jails, and those staying in homeless shelters located in New York City, rural North Carolina, and suburban Seattle, Washington. Outreach to agencies with jurisdiction over the non-household facilities will begin in [FILL DATE] and clinical interviewing will begin in [FILL DATE]. Data collection will last approximately 10 months.

Recognizing the importance of this work, the nation's [HOSPITALS: 'mental health care community as represented by [INSERT HOSPITAL SUPPORT ORGANIZATIONS] provide their full support of these efforts.' JAILS: 'sheriffs as represented by [INSERT JAIL SUPPORT ORGANIZATIONS] provide their full support of these efforts.' SHELTERS: 'advocates for the homeless and mental health care community as represented by [INSERT SUPPORT ORGANIZATIONS] provide their full support of these efforts.' PRISONS: 'correctional and mental health care communities as represented by [INSERT PRISON SUPPORT ORGANIZATION].'] These organizations recognize the importance of this national data collection and encourage agency professionals to participate.

Your participation will help ensure that the MDPS is a success and that the results can be used by [**HOSPITALS: 'mental health and drug abuse agency administrators' JAILS, SHELTERS, PRISONS: 'correctional agency administrators and mental health care professionals'**] with confidence. We know that your staff have many responsibilities and limited time, but we hope that you will provide the requested information and contribute to this effort. No other data collection provides such a complete examination of serious mental health and substance use disorders throughout the country.

We thank you in advance for your participation in this important study.

Sincerely,

SAMHSA NSMH Letter of Support



[DATE]

[NAME], [TITLE]

[FACILITY NAME]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [TITLE.] [NAME]:

I am writing to encourage you to support and participate, if applicable, in an important and innovative study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

As the federal agency in the U.S. Department of Health and Human Services (HHS) responsible for leading public health efforts to advance the behavioral health of the nation, one of SAMHSA's missions is to identify critical gaps in information and address these gaps. As part of these efforts, we recently awarded a cooperative agreement to RTI International (RTI) to conduct the **Mental and Substance Use Disorder Prevalence Study (MDPS)**, an innovative and timely study that aims to better understand the prevalence of substance use and mental disorders in the United States.

MDPS, also known as the **National Study of Mental Health (NSMH)**¹, will provide important information on the prevalence of mental illness and substance use across the U.S. adult population residing in households. The study also includes data collection in non-household settings to better understand the prevalence of these disorders among populations that are harder to reach, including those residing in state and federal prisons nationwide and in homeless shelters, jails, and psychiatric hospitals across three sites in New York, North Carolina, and Washington. This study fills a gap in our existing knowledge and surveillance efforts, and it is critical for increasing our understanding of these disorders and conditions.

RTI recently contacted your [FILL agency/facility] regarding MDPS data collection efforts. I am writing to assure you that RTI is authorized to conduct the study and to encourage you to participate in this innovative, timely, and important research. The learnings from this study have the potential to inform many future efforts in behavioral health surveillance, research, and treatment.

Please feel free to contact nsmh@rti.org if you have any concerns or questions regarding this study or RTI's request.

Sincerely,

Thomas Clarke

Thomas Clarke PhD, MPH
Director, National Mental Health and Substance Use Policy Lab
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20856

¹ Additional information about SAMHSA and RTI International can be obtained at www.samhsa.gov and www.rti.org.



National Study of Mental Health



The National Study of Mental Health (NSMH) is a research effort to understand how many adults in the United States have mental and substance use disorders. This study is led by RTI International in collaboration with Columbia University/New York State Psychiatric Institute, Duke Health, Harvard University, the Treatment Advocacy Center, the University of Chicago, and the University of Washington. The NSMH is a cooperative agreement to RTI by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services.

Goals

The primary goal of the NSMH is to provide national estimates of mental health and substance use disorders among U.S. adults ages 18 to 65. These include schizophrenia, schizoaffective disorder, bipolar disorder, major depression, posttraumatic stress disorder, obsessive-compulsive disorder, generalized anxiety disorder, and alcohol, benzodiazepine, opioid, stimulant, and cannabis use disorders. The study is also designed to estimate what proportion of individuals with mental and substance use disorders receive treatment. A secondary goal of the NSMH is to consider the best research methods for doing studies like this in the future. Study findings will help determine the treatment and service needs for mental health and substance use disorders and inform policies and service funding decisions.

Rationale

Mental and substance use disorders are significant public health problems with substantial unmet treatment need. Despite calls for improved estimates of these problems, critical methodological gaps remain. Two gaps are particularly important: the lack of accurate estimates of the most seriously impairing disorders in household populations, such as schizophrenia; and the exclusion of the incarcerated, homeless, and hospitalized non-household populations from national estimates. The NSMH is designed to fill these gaps. The study will include interviews conducted by clinicians to assess complex and impairing disorders. Interviews will be conducted with (1) a national household sample; (2) a national sample of incarcerated individuals in federal/state prisons; and (3) samples of individuals residing in homeless shelters, state psychiatric hospitals, and jails in a large urban area, a more rural community, and a suburban metropolitan region. Areas and facilities will be chosen based on their particular characteristics and relevance to meeting the study objectives. Interviews will be completed in English or Spanish. Data will be kept confidential. Names of individuals, facilities and agencies will never be released nor linked to the data.

Household data collection

The NSMH household sample will include approximately 6,000 clinical interviews. These interviews will be completed by video conference, telephone, or in person. Study team staff will identify eligible respondents in households in chosen areas across the country and selected adults will be asked to complete a short screening instrument. This screening instrument will help the study team identify individuals at risk for mental and substance use disorders to prioritize for a clinical interview.

Non-household data collection

The NSMH non-household sample will include approximately 1,200 clinical interviews. In federal/state prisons, homeless shelters, state psychiatric hospitals, and jails, facility records will be used to select potential respondents. **All interviews with individuals from these non-household settings will be conducted by video conference, telephone, or in person.** Clinical interviews of adults will be completed with approximately 500 prison inmates, 500 shelter residents, and 200 patients; screening interviews of adults will be completed with approximately 200 jail inmates.

The study is being conducted over three years, beginning in October 2019. Year one is devoted to planning; year two to data collection; and year three to finalizing data collection, generating the estimates of mental and substance use disorders, preparing final reports, and delivering final data sets to SAMHSA.



Recruitment Commencement Letter Follow-up Email

Dear <Title> <Last Name>:

I am writing to follow up on a letter from [INSERT SITE PRINCIPAL INVESTIGATOR NAME] and Heather Ringeisen regarding the **Mental and Substance Use Disorder Prevalence Study (MDPS)**, also known as the National Study of Mental Health (NSMH). The MDPS has been funded by the Substance Abuse and Mental Health Services Administration and will be conducted by RTI International in collaboration with Columbia University, Duke Health, and the University of Washington. RTI International, a not-for-profit research organization, is conducting the MDPS in your state beginning [FILL TIME FRAME].

I am trying to contact your office to obtain permission to conduct the study in <## facilities under your jurisdiction:> [INSERT FACILITY NAME(S)]. This study will provide important and timely information about the prevalence of mental and substance use disorders in the United States. This information is critical for furthering research and treatment efforts in behavioral health.

More information about this study can be found in the printed materials enclosed in the package you previously received.

Please feel free to contact me via reply email or [INSERT PHONE NUMBER] to:

- Ask any questions you may have about the study procedures or schedule; or
- Provide the contact information of someone from your staff who can assist in coordinating the MDPS in the above [FILL facility/facilities].

Thank you in advance for your assistance.

Sincerely,
[SIGNATURE]

Letter to Facility POC



<First Name> <Last Name>
<Position>, <County> <Department Name>
<Address>
<City>, <State> <Zip>

<Date>

Dear <Title> <Last Name>:

I am writing to introduce to you the upcoming **Mental and Substance Use Disorder Prevalence Study (MDPS)**, also known as the National Study of Mental Health (NSMH), that has been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and will be conducted by RTI International (RTI) in collaboration with Columbia University, Duke Health, and the University of Washington¹. Our efforts will increase understanding of the prevalence of serious mental health and substance use disorders among adults living in households and adult prison populations. In addition, the study will focus on such disorders among adults in state psychiatric hospitals, jails, and those staying in homeless shelters located in New York City, North Carolina, and Washington.

As the designated MDPS Point of Contact for <## facilities under your jurisdiction:> [INSERT FACILITY NAME(S)], your help is critical for carrying out this timely and important study.

Working with a member of the MDPS study team, we would appreciate your assistance to:

- Identify the best dates and times for study activities to take place at [each/the] facility;
- Provide facility-specific information if available (e.g., population count, population with serious mental illness or substance use disorder, time needed to escort study team staff to interview locations); and
- Collaborate with study staff as needed during the data collection to facilitate activities in accordance with the approved procedures.

Interviews can be conducted by video conference, telephone, or in person.

More information about this study can be found in the enclosed printed materials, including|

- An overview of the logistical and data collection process (NSMH Research Summary); and
- FAQs for facility staff.

Please feel free to contact [LM NAME], RTI's MDPS Logistics Manager for your facility, at [LM EMAIL] or [LM PHONE] to provide the contact information of someone from your staff who can assist in coordinating the interviews. You may also contact [LM NAME] if you have any questions about the study procedures or schedule.

[FILL IF JAIL OR PRISON: In the past, your office may have been contacted by staff from RTI regarding the Bureau of Justice Statistic's National Inmate Survey (NIS). Please note that the NSMH is not related to the NIS or to the Prison Rape Elimination Act in any way.]

Thank you for your assistance.

Sincerely,
[SIGNATURE]

Heather Ringeisen

¹ Additional information about SAMHSA and our partner universities can be obtained at www.samhsa.gov, www.rti.org, www.columbia.edu, www.duke.edu, and www.washington.edu.

MDPS Principal Investigator
RTI International

Enclosures



NSMH FAQs Facility Staff

[Federal and State Prison Facility FAQs; State Psychiatric Hospital Facility FAQs; Homeless Shelter Facility FAQs; Jail Facility FAQs]

What is the National Study of Mental Health?

The National Study of Mental Health will generate up-to-date information on mental illness [**HOSPITAL, SHELTER:** , alcohol and drug use,] and other related health issues in the United States. The information can be used to help ensure that treatments and programs are available to all those who need them.

What do the interviews involve?

A member of the research team will first describe the study to the <inmate/patient/resident> and ask if they want to participate in an interview that will last approximately [**PRISON, HOSPITAL, SHELTER:** 90 minutes.; The interview will include questions on mental health conditions and treatment, tobacco use, (**HOSPITAL, SHELTER:** alcohol and drug use,) participation in public assistance programs and health care coverage, and socio-demographic characteristics (e.g., race/ethnicity, income, housing).; **JAIL:** 15 minutes. The interview will include questions about the inmate's general health, emotional and mental health, and any difficulties that they may be experiencing or have experienced before.]

Why should this <prison/hospital/shelter/jail> participate?

[**PRISON:** Approximately 50 state and federal prisons were selected for this study using scientific sampling techniques; no other prison can take the place of this facility.; **HOSPITAL, SHELTER, JAIL:** <Four hospitals/ Eighteen homeless shelters/ Six jails> were selected based on their proximity to our three collaborating organizations: Columbia University/New York State Psychiatric Institute, Duke Health, and University of Washington. This <hospital/shelter/jail> was one of those selected.] The information <inmates/patients/ residents> from this facility provide during the interview will help inform mental health treatment and service needs throughout the United States.

How will <inmates/patients/residents> be selected to participate?

[**PRISON, HOSPITAL, JAIL:** The research team will randomly sample approximately [**PRISON:** 20 inmates; **HOSPITAL:** 100 patients; **JAIL:** 50 inmates] from a roster/list of <inmates/patients> at the facility one week prior to the start of data collection. The process used to select <inmates/patients> works like a lottery or drawing names out of a hat. <Prison/Hospital/Jail> staff will be notified which <inmates/patients> are selected before the data collection effort begins. [**SHELTER:** We will select approximately 45 residents from this shelter. The research team will work with the facility to determine the best method to select residents. For example, residents might be selected from a list of residents or beds or, if a list is not available, as they arrive at the shelter throughout the day of data collection. Regardless of the method used, the process used to randomly select residents will work like a lottery or drawing names out of a hat.]

Why should <an inmate/a patient/a resident> participate?

Each individual selected to participate in this study can provide information that will help people who may need health-related treatment and services. No one can take the place of a selected <inmate/patient/ resident>.

When and where will the interviews be conducted?

The research team will contact the facility to discuss data collection logistics, including: (1) whether data collection should be done virtually (i.e., by web or phone) or in person and (2) the types of areas within the facility that would be suitable for conducting interviews. Designated interview areas need to be private—so that the interviewer and <inmate/patient/resident> cannot be overheard—and still within facility staff’s line of sight to meet facility security requirements. **[SHELTER:** Depending on space availability, these interviews may be conducted at the shelter or at a nearby off-site location, such as a public library or social service agency office.] Data collection will take place sometime between December 2020 and December 2021; study staff will work with a facility point-of-contact to determine the specific dates. **[SHELTER:** Interviews will take place on days of the week and times of day that best fit the pattern of resident stays at the shelter.]

[PRISON, HOSPITAL, SHELTER, (NOT JAILS): Who will conduct the interviews? What credentials, training, and clearances do they have?

All NSMH clinical interviewers either (1) have a master’s or doctoral degree in clinical or counseling psychology, social work, or a similar field, (2) are currently enrolled in a doctoral program in one of those fields, or (3) have a medical degree with a specialty in psychiatry. In addition, each interviewer has experience performing clinical assessments with highly impaired populations and has been certified to work on NSMH after completing a 40-hour training and conducting practice interviews with patients. Finally, each must pass various background checks, including Federal, state, county, and multijurisdictional criminal conviction searches going back at least 7 years and sex offender registry searches. Each interviewer will also pass any additional state or facility-specific checks that may be required prior to interviewing in the facility.]

[HOSPITAL: Will patient administrative health records be needed?

With the patient’s consent, the research team will request administrative health records and work with hospital staff to determine the most suitable process for obtaining the records. All information will be kept confidential and no information from the records will be connected with the patient’s name.

To comply with HIPAA requirements, the research staff will administer a two-step consent process with the patient. The first step will include information about the purpose of the study and the patient’s participation and involvement in the interview. The second step will include asking for the patient’s consent to allow the study team to obtain administrative health records and include the following points: (1) the purpose for requesting administrative health records, (2) the right to refuse, and (3) how the data will be treated. When consent is provided, the researcher will ask the patient to sign a record release form. A patient may participate in the interview but refuse to release their records.]

What are <prison/hospital/shelter/jail> staff asked to do?

Prior to data collection: **[PRISON, HOSPITAL, JAIL:** Facilities will be asked for a current roster/list of (**PRISON:** adjudicated inmates in the prison.; **HOSPITALS:** patients in the hospital.; **JAIL:** inmates in the jail.) The research team will use the roster/list to randomly select <inmates/patients> for participation in the study.] **[HOSPITAL:** This roster/list will not contain patient names. It will instead list study identification numbers that correspond to patient hospital identification numbers maintained by the facility.] To ensure the interviews are conducted smoothly and with as little disruption as possible to normal <prison/hospital/shelter/jail> operations, a facility point-of-contact will be asked to provide the study team with logistical information about the facility (e.g., **[SHELTERS:** number of beds,] schedules, hours available for interviewing) before the data collection effort begins.

During data collection: On the days when the study interviews take place, facility staff will escort or direct <inmates/patients/residents> to and from the designated interview areas and provide security and supervision throughout the data collection. **[HOSPITALS:** In addition, a patient’s medical provider, counselor, or case manager will be notified by the study researcher in the unlikely event of significant patient distress.

After data collection: Based on protocols approved by the hospital, administrative health records for consenting patients will be provided via secured electronic or paper means, or during onsite review by a member of the research team. The process will be implemented twice. The first request will be sent to the hospital 2 months after the data collection and cover those patients who have been discharged during that period. The second request will be sent no later than December 2021 and cover all other patients who consented to the records release (regardless of discharge status).]

Mental and Substance Use Disorder Prevalence Study

Summary of the Clinical Interview Questionnaire

This is a summary of the *Mental and Substance Use Disorder Prevalence Study* and the types of questions which are asked during the interview. As you review this document, note that not all participants will be asked every question as the interview varies based on each person's experiences. Furthermore, participants can always refuse to answer any question during the interview.

Section 1: Interview Overview

Demographics and Study Overview

This section consists of questions about the participant such as his or her age, sex, and gender identity, relationship status, education, and employment.

Sample Questions:

- ▶ What is your date of birth?
- ▶ What is your highest completed level of education?

Section 2: Disorders

Current and Past Psychological Difficulties

In this section, the interviewer asks about any mental health problems the participant might have had.

- Schizophrenia
- Schizoaffective disorder
- Major depressive disorder
- Generalized anxiety disorder
- Bipolar I
- Post-traumatic stress disorder
- Obsessive compulsive disorder
- Anorexia nervosa
- Alcohol, benzodiazepine, opioid, stimulant, and cannabis use disorder

Sample Question:

- ▶ In the year since (ONE YEAR AGO), has there been a period of time when you were feeling depressed or down most of the day, nearly every day?

Hospitalization History

In this section, the interviewer asks about hospitalization for psychological, drug, or alcohol problems.

Sample Question:

- ▶ Have you ever been hospitalized for psychological problems or a drug or alcohol problem?

Suicidal Ideation and Behavior, Other Problems in Past Year

In this section, the interviewer asks suicidal thoughts and behaviors, and the experiences associated with the thoughts and behaviors.

Sample Question:

- ▶ Have you ever thought about taking your own life or just going to sleep and not waking up, or thinking that you would be better off dead? (Tell me about that.)
- ▶ Have you had any problems in the past year other than what we've talked about so far?

Section 3

Cigarette and E-Cigarette Use

This section consists of questions about the participants' use, and frequency of use, of cigarettes and e-cigarettes, inpatient hospitalization, and housing assistance.

Sample Questions:

- ▶ Have you ever smoked part or all of a cigarette?
- ▶ Did you smoke part or all of a cigarette during the past 12 months?

Treatment

This section asks questions about the participants' experiences with inpatient and outpatient counseling, medication, and mental health, emotional, and behavioral treatment, in addition to inpatient and outpatient hospitalization for drugs and alcohol, medication usage, and health insurance coverage.

Sample Questions:

- ▶ Have you ever received professional counseling, medication or other treatment to help with your mental health, emotions, or behavior?
- ▶ During the past 12 months, have you received inpatient or residential treatment, that is have you stayed overnight or longer to receive professional counseling, medication, or other treatment for your mental health, emotions, or behavior at any of these places?
- ▶ During the past 12 months, did you take any medication that was prescribed by a doctor or health care professional to help with your mental health, emotions, behavior, energy, concentration, or ability to cope with stress?
- ▶ Are you currently covered by any kind of health insurance, that is, any policy or program that provides or pays for medical care?

Section 4

Socio-Demographics and Background

This section includes questions about marital status, ethnicity, race, education, student status, military status, employment status, and household income, and other similar topics.

Sample Questions:

- ▶ Are you now married, widowed, divorced, separated, or have you never married?
- ▶ Are you currently attending a college, university, or trade school either full-time or part-time?
- ▶ Not counting minor traffic violations, have you been arrested or booked for breaking the law during the past 12 months?
- ▶ Did you work at a job or business at any time last week?

Section 5

Living Situations

This section includes questions about the participants' living location outside of his or her current facility (i.e., prison, jail, homeless shelter, psychiatric hospital) and length of stay within the facility.

Sample Question:

- ▶ During the past 12 months, before your current incarceration, in which state did you live in for **most of the time**?

Final Section

Conclusion

This section includes questions about the participants' comfort with the interview, contact information for possible follow-up, and general feedback, among other topics.

Sample Questions:

- ▶ What is an e-mail address you are likely to have should we need to contact you again?
- ▶ Did you have any feedback you would like to share regarding this interview?

SAMHSA NSMH Thank You Letter



[DATE]

[NAME], [TITLE]

[FACILITY/AGENCY NAME]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [TITLE.] [NAME]:

On behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), I would like to express our gratitude for your assistance in implementing the Mental and Substance Use Disorders Prevalence Study/National Study of Mental Health in your facility/ies. The study is dependent on the cooperation of agency and facility leadership and staff, and we appreciate the time, resources, and guidance provided to us as we worked with you on this important, challenging study.

Specifically, we appreciate all that AGENCY AND FACILITY NAMES did to accommodate the team of interviewers, from our early conversations about logistics to providing the interviewers with everything they needed during the data collection effort, as well as to support your staff and residents/inmates/patients throughout the data collection process.

If you would like to share your feedback on the logistics process or speak to us about how data collection went in your facility/ies, please contact Tim Smith, the Mental and Substance Use Disorders Prevalence Study/National Study of Mental Health Non-household Team Lead at RTI International, at nsmh@rti.org. Otherwise, I would be happy to discuss other aspects of the study with you.

Sincerely,

Thomas Clarke

Thomas Clarke PhD, MPH
Director, National Mental Health and Substance Use Policy Lab
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20856

Attachment J

Nonhousehold Respondent Materials

- 1) NSMH FAQs Respondents
- 2) Contact Cards
- 3) Shelter Flyer
- 4) Shelter Flyer No Incentive
- 5) Jail Flyer
- 6) Jail Contact Card
- 7) COVID Risk Form Nonhousehold

[Federal and State Prison Inmate FAQs; State Psychiatric Hospital Patient FAQs; Homeless Shelter Resident FAQs; Jail Inmate FAQs]

1. What is the National Study of Mental Health?

The National Study of Mental Health will gather up-to-date information on mental health [**SHELTER, HOSPITAL:** , alcohol and drug use,] and other related health issues in the United States. The information can be used to help make sure that treatments and programs are available to all those who need them.

2. What am I being asked to do?

[**PRISON, HOSPITAL, SHELTER:** You're invited to take part in an interview about your general health, emotional and mental health, and any difficulties that you might have experienced. You will also be asked about your background, for example, your race, income and participation in public assistance programs, housing, and healthcare coverage and treatment you have received in the past.]

[**JAIL:** You're invited to take part in a short interview that asks questions about your mental and emotional health.

You may also be asked to participate in a second interview after you get out of jail that will ask questions about your general health, emotional and mental health, and difficulties that you may have experienced. This second interview will also ask about your background, for example, your race and ethnicity, income and participation in public assistance programs, housing, and healthcare coverage and treatment you have received in the past.]

3. Why should I participate?

Because you matter! The information that you can share might help you or those who may need health related treatment and services. No one else can take your place.

[**JAIL:** You might be asked to take part in a second interview after you get out of jail. If you are chosen and participate in that part of the study, you will receive a \$30 electronic gift card or \$30 in cash at the end of the interview.]

4. How did I get selected for the study?

You and others at this <facility/hospital/shelter> were randomly chosen from a list of <inmates,/patients,/residents or as you arrived,> just like a lottery or drawing names from a hat.

5. Where will the interview take place and how long will it take?

[**PRISON, HOSPITAL:** The interview will take place at this <facility/hospital>; **SHELTER:** Depending on available space, the interview will either take place at this shelter or at a nearby location like a public library or social service agency office,] [**PRISON, HOSPITAL, SHELTER:** where you and the interviewer can talk without being overheard. The interview usually takes about 90 minutes to complete. Your interview may take more or less time depending on your answers.]

[**JAIL:** You will be asked to take part in one or two interviews. The first one will take place at this facility where you and the interviewer can talk without being overheard. This interview usually takes about 15 minutes.

If you are chosen for a second interview, a member of the research team will contact you after you get out of jail. That interview will be done by phone or take place where you're living at that time or some other place nearby. That interview usually takes about 90 minutes to complete, but your interview may take more or less time depending on your answers.]

6. [PRISONS, SHELTERS, JAILS (NOT HOSPITALS): What if I don't have any mental health issues?

The information we collect from you is still very important. We hope to learn how many people have a mental health condition or related health issue, and how many do not. So, we need hear from all kinds of people.

While some questions ask about mental health, other questions ask about different kinds of health issues and other topics. You do not need to know anything about mental health conditions to answer the questions.]

6. [HOSPITALS ONLY: Will anyone see my health records?

If you give your permission, the hospital will release some of your health records to our research team. Your name will not be included with the information gathered from your records. Information from your records will be added to the answers you give during the interview.

You can take part in the interview even if you don't give permission for us to receive your health records.]]

7. Who will see my answers [HOSPITALS: to the interview questions]?

You cannot be identified through any information you give us. Your name will never be connected to your answers. Your answers will be combined with those from the other study participants. We are legally required to keep all your answers confidential.

8. Do I have to participate? What if I do not wish to answer a question? [HOSPITALS: What if I do not want my health records reviewed?]

No, it is completely voluntary. If you decide to participate, you can refuse to answer any question that you do not want to answer. Your decision to participate or not will have no effect on your treatment at this [PRISON, JAIL: <prison/jail> or affect your legal status or any decisions regarding your release.; HOSPITALS: hospital. You can take part in the interview even if you don't give permission for us to receive your health records.; SHELTERS: shelter or your receipt of any federal, state, or local assistance.]]

9. How was this <prison/hospital/shelter/jail> chosen?

[PRISON: We randomly selected around 50 state and federal prisons across the country. This prison was one of those selected.; HOSPITAL, SHELTERS, JAILS: We chose <four hospitals/18 shelters/six jails> that are close to our three collaborating organizations: Columbia University/New York State Psychiatric Institute, Duke Health, and University of Washington.; HOSPITAL: This hospital is one of the four.; SHELTER: This shelter is one those 18.; JAIL: This jail was one of the six selected.]]

10. Who is collecting the information?

RTI International, a nonprofit research organization, is collecting the information. RTI is not connected to this <prison/hospital/shelter/jail> in any way.

Contact Cards

For Additional Information about the National Study of Mental Health	
Questions About the Project	Questions About Your Rights as A Research Participant
NSMH Principal Investigator Dr. Heather Ringeisen RTI International 3040 Cornwallis Road Research Triangle Park, NC 27709	Institutional Review Board Advarra 6940 Columbia Gateway Drive Suite 110 Columbia, MD 21046

For Additional Information about the National Study of Mental Health	
Questions About the Project	Questions About Your Rights as A Research Participant
NSMH Principal Investigator Dr. Heather Ringeisen RTI International 3040 Cornwallis Road Research Triangle Park, NC 27709	Institutional Review Board Advarra 6940 Columbia Gateway Drive Suite 110 Columbia, MD 21046

For Additional Information about the National Study of Mental Health	
Questions About the Project	Questions About Your Rights as A Research Participant
NSMH Principal Investigator Dr. Heather Ringeisen RTI International 3040 Cornwallis Road Research Triangle Park, NC 27709	Institutional Review Board Advarra 6940 Columbia Gateway Drive Suite 110 Columbia, MD 21046



NSMH National Study of Mental Health

The National Study of Mental Health will generate up-to-date information on mental illness, alcohol and drug use, and other related health issues in the United States.

The information can be used to help ensure that treatments and programs are available to all those who need them.

How are people chosen to do the interview?

Residents chosen at random and interviewed by a researcher

What sorts of questions will be asked?

Questions about mental health and other health-related topics

Are answers kept private?

All answers are private and confidential

Who participates in the study?

Participation is voluntary

Do participants get anything for being in the study?

Free gift for taking part

If you have questions about the National Study of Mental Health,
please call 833-947-2575 or email nsmh@rti.org



Our Collaborators



Shelter Flyer No Incentive



NSMH National Study of Mental Health



The National Study of Mental Health will generate up-to-date information on mental illness, alcohol and drug use, and other related health issues in the United States.



The information can be used to help ensure that treatments and programs are available to all those who need them.

Questions

How are people chosen to do the interview?

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All answers are private and confidential

Who participates in the study?

Participation is voluntary

If you have questions about the National Study of Mental Health, please call 833-947-2575 or email nsmh@rti.org



Our Collaborators





NSMH

National Study of Mental Health

The National Study of Mental Health will generate up-to-date information on mental illness, alcohol and drug use, and other related health issues in the United States.

The information can be used to help ensure that treatments and programs are available to all those who need them.

How are people chosen to do the interview?

Inmates chosen at random and interviewed by a researcher

What sorts of questions will be asked?

Questions about mental health and other health-related topics

Are answers kept private?

All answers are private and confidential

Who participates in the study?

Participation is voluntary

When will the interviews be done?

A short interview is done while in jail, followed by a longer interview after release. *Those completing the longer interview get \$30.*

**If you have questions about the National Study of Mental Health,
please call 833-947-2575 or email nsmh@rti.org**



Our Collaborators



Jail Contact Card

Thank you for taking part in the NSMH.
To schedule your next interview, after
your release, please contact the research
team at NSMH@rti.org or 833-947-2575.

Thank you for taking part in the NSMH.
To schedule your next interview, after
your release, please contact the research
team at NSMH@rti.org or 833-947-2575.

Thank you for taking part in the NSMH.
To schedule your next interview, after
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team at NSMH@rti.org or 833-947-2575.

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your release, please contact the research
team at NSMH@rti.org or 833-947-2575.

Thank you for taking part in the NSMH.
To schedule your next interview, after
your release, please contact the research
team at NSMH@rti.org or 833-947-2575.

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To schedule your next interview, after
your release, please contact the research
team at NSMH@rti.org or 833-947-2575.

Thank you for taking part in the NSMH.
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COVID Risk Form Nonhousehold

Important Information about COVID-19 and Your Participation on the NSMH

This document contains important information about COVID-19 and how participating in research may impact you. COVID-19 is the disease caused by a newly identified type of coronavirus. Study participation will include talking face-to-face with an NSMH interviewer. If the interviewer who conducts the interview tests positive for COVID-19 in the future, the state or local health department or their agents, for the purpose of contact tracing, may reach out to the facility to gather information about people who were at the facility on the days the interviewer was there. Please be assured that if this occurs, none of the answers you provide during the interview will be shared.

How is COVID-19 spread? People can catch COVID-19 from other people who have the virus. The disease spreads mainly from person to person through small droplets from the nose or mouth, which are spread when a person with COVID-19 coughs, sneezes, or speaks. It is also possible that people can contract COVID-19 by touching a surface or object that has the virus on it, then touching their mouth, nose, or eyes.

What are the symptoms of COVID-19? Symptoms of COVID-19 may include:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms typically appear 2-14 days after exposure to the virus. It is possible that individuals with the COVID-19 virus will not display any of these symptoms. You can find more information at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

What are some ways to reduce the risk of getting or spreading COVID-19?

- Regularly wash your hands for at least 20 seconds with soap and water or alcohol-based hand sanitizer.
- Maintain at least 6 feet between yourself and others.
- Avoid going to crowded places where you are more likely to come into close contact with someone who has COVID-19 and it is more difficult to maintain physical distance.
- Wear a mask that covers your mouth and nose when you go out in public or have in-person contact with someone from outside of your household.
- Avoid touching your eyes, nose and mouth. Your hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body.
- If you are not wearing a mask and need to cough or sneeze, cover your mouth and nose with a bent elbow or tissue.

What happens if someone gets COVID-19? People with COVID-19 may have a wide range of symptoms—ranging from mild symptoms to severe illness. **Older adults and people who already have serious medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing complications or dying from COVID-19.** Although vaccines and limited treatment options have been identified, they may not be readily available in your community or to all individuals.

How do I know an NSMH interviewer does not have COVID-19? Unfortunately, there is no guarantee that an interviewer does not have COVID-19. This is because individuals can have the virus but only have mild symptoms or even no symptoms of COVID-19 at all. However, interviewers have promised to take their temperature every day and are not allowed to work if they have a fever. Interviewers have also promised that they will not conduct in-person data collection if they or any members of their household show symptoms of or have been diagnosed with COVID-19.

What steps are interviewers required to take to keep me and others safe? While at the facility, an interviewer is required to use hand sanitizer frequently and must wear a mask to help reduce the likelihood that he or she could give you COVID-19. The interviewer will not have physical contact with you.

Do I have to wear a mask if I want to participate? Out of an abundance of caution, and for the protection of those involved, interviewers and participants are required to wear masks during all interviews administered by an employee of RTI International. This requirement is based on current science and is consistent with best practices for people interacting during this COVID-19 pandemic, in particular when indoors and/or in close contact for more than 15 minutes. The interviewer has a disposable face mask available that they can provide to you at your request.

Do I have to touch anything to participate in the interview? Yes, but objects you will touch during the study will be for your use only.

If you have additional questions about your participation in the NSMH, please call 1-833-947-2575.