

In-Person Instrument

Verification

CASEID ENTER THE CASE ID FOR THIS INTERVIEW.

BE SURE TO INCLUDE A OR B AT THE END OF THE CASE ID.

TOALLR3I

It is important that I do my job correctly; therefore, my supervisors will be checking on my work. Would you help me by giving me your phone number? I will enter it into this tablet. This information is kept separate from the responses that were entered so they will still be completely private.

ON TABLET RESPONDENT SELECTION SCREEN, OPEN QC FORM.

COMPLETE VERIFICATION PROCESS (PHONE, CONFIRM ADDRESS AND, IF YOUTH, WHO GAVE PERMISSION).

PRESS [ENTER] TO CONTINUE.

INCENT01 HAND RESPONDENT **\$30** CASH AND THEN:

COMPLETE THE INTERVIEW INCENTIVE RECEIPT:

MARK THE APPROPRIATE 'CASH ACCEPTANCE' BOX
SIGN AND DATE
ENTER CASE ID (IF NOT DONE ALREADY)
GIVE TOP COPY TO RESPONDENT

I have signed this form to indicate that I have given you **\$30** for this interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

IF NOT DONE EARLIER, GIVE ADULT RESPONDENT OR PARENT/GUARDIAN OF YOUTH THE Q&A BROCHURE AND SAY:

For more details on the National Survey on Drug Use and Health, this brochure includes answers to common questions, website addresses and other information.

PRESS [ENTER] TO CONTINUE.

CALCULATE MICSR:

IF K6 AND WHO-DAS SCORE = MID OR HIGH, MICSR = 1
ELSE, MICSR=2

RECRUIT1 [IF MICSR=1] You have been selected to participate in one additional interview for the U.S. Department of Health and Human Services. For this interview, we are selecting a mix of people, including those who have mental health issues and those who don't. The interview will be conducted over the phone or through a Zoom meeting, and takes about 60 minutes to complete.

You do not need to have an internet connection or download any Zoom software to participate. You can be in your home, office, or another private location when you complete the interview. Your participation in the interview is voluntary, and you can refuse to answer any questions or stop the interview at any time.

If you agree to complete the interview, I will give you an additional \$30 today.

HAND FOLLOW-UP STUDY DESCRIPTION TO RESPONDENT.

Please read this statement. It describes the follow-up interview and the legislation that assures the confidentiality of any information you provide.

Do you agree to participate in this interview?

1 – RESPONDENT AGREES TO PARTICIPATE IN THE FOLLOW-UP INTERVIEW

2 – RESPONDENT DOES NOT AGREE TO PARTICIPATE IN THE FOLLOW-UP INTERVIEW

REFFEAS [IF RECRUIT1=2] Since the follow-up interview is designed to help us improve future NSDUH surveys, it is important to understand why people might not want to participate. Would you please tell me the reasons why you do not want to participate?

_____ [ALLOW 100]

DK/REF

RECRUIT2 [IF RECRUIT1=1] Since another interviewer will be completing the next interview and will need to contact you beforehand, may I have your first name, phone number, and email address?

INTERVIEWER NOTE: ADDITIONAL INFORMATION REGARDING THE FIRST NAME, PHONE NUMBER, OR EMAIL ADDRESS PROVIDED BY THE RESPONDENT SHOULD BE ENTERED IN THE NOTES FIELD. YOU MAY ENTER UP TO 50 CHARACTERS.

ENTER FIRST NAME ONLY, PHONE NUMBER, EMAIL ADDRESS, AND RE-ENTER EMAIL ADDRESS. READ THE CONTACT INFORMATION ENTERED TO THE RESPONDENT AND CONFIRM IT IS CORRECT, THEN PRESS [ENTER] TO CONTINUE.

_____ FIRST NAME: [ALLOW 20]
_____ PHONE NUMBER: [ALLOW 20]
_____ EMAIL ADDRESS: [ALLOW 50]
_____ RE-ENTER EMAIL ADDRESS: [ALLOW 50]
_____ NOTES: [ALLOW 50]
DK/REF

RECRTEXT [IF RECRUIT1=1 AND PHONE NUMBER IN RECRUIT2 NOT MISSING]

May RTI send text messages to the phone number you provided to contact you about the upcoming interview?

The messages will come from an automated system and only include information related to the follow-up interview that you schedule. Your information will not be sold to third parties and will not be shared unless required by law. You may opt-out of these messages at any time by replying STOP. Also, message frequency may vary and data rates may apply.

1. YES
2. NO

INCENTMI [IF RECRUIT1=1]

HAND RESPONDENT \$30 CASH

COMPLETE THE FOLLOW-UP INTERVIEW INCENTIVE RECEIPT:

MARK THE APPROPRIATE 'CASH ACCEPTANCE' BOX
SIGN AND DATE
ENTER CASE ID
GIVE TOP COPY TO RESPONDENT

PRESS [ENTER] TO CONTINUE.

RECRQR [IF RECRUIT1=1] WRITE THE RESPONDENT'S QUESTID) ON THE SCHEDULING CARD AND THEN HAND SCHEDULING CARD TO RESPONDENT.

Use the information on this card to go to the project's website, enter the ID number as your password, and schedule your follow-up interview. Please try to select a date and time as close as possible to this interview. Appointments are limited, so we recommend scheduling within the next 48 hours. If you need assistance, you can call the number provided on the card.

Within a few days of scheduling your appointment, an interviewer will contact you via phone to confirm your interview and provide meeting details.

There are the four ways in which you can participate:

1. We can call your phone at the appointment time,
2. You can call the phone number you will be provided via email and phone,
3. You can connect to the Zoom meeting with your camera on, or
4. You can connect to the Zoom meeting with your camera off.

Remember, even though the interviewer will be using Zoom, you do not need to download any Zoom software in order to participate. If you have any questions, you can call the phone number on the card.

PRESS [ENTER] TO CONTINUE

THANKR2 Thank you for your time.

[ALL CASES] BE SURE YOU HAVE YOUR
SECURITY KEY

Web Instrument

Incentive/Mental Illness Calibration Study Recruitment Screens/End of Interview

INCENTTYPE Thank you for participating in the National Survey on Drug Use and Health! To show our appreciation for completing this interview, we would like to send you \$30, by either electronic pre-paid or physical Visa or MasterCard gift card. Please indicate how you would like to receive your \$30.

On the next screen enter your contact information. [IF CURNTAGE < 18]
If you choose an electronic gift card, we will ask for your parent or guardian's email. This information will be kept separate from the answers to this survey, and will only be used for the purpose of sending your gift card.

1. Electronic Visa Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
2. Electronic MasterCard Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
3. Physical Visa Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)
4. Physical MasterCard Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)
5. No, thanks. I decline the \$30

DEFINE EMAILFILL

IF CURNTAGE \geq 18 THEN, EMAILFILL = "your"

ELSE EMAILFILL = "your parent or guardian's"

EADDRESS [IF INCENTTYPE = 1 OR 2]

The email message will be from **RTI-eIncentives@rti.org** and the subject line will say "How to Redeem Your \$30 [Visa OR MasterCard] Card." If you'd like a physical gift card instead, click Back to change your selection.

Please enter [EMAILFILL] email address to receive the electronic gift card.
[EMAILADD]

Please re-enter [EMAILFILL] email address
[EMAILADD2]

ERROR MESSAGE: IF EMAILADD NE EMAILADD2: The email addresses do not match. Please re-enter them.

MAILINCENT [IF INCENTTYPE = 3 OR 4] Please enter the address you want us to mail the gift card to. If you'd like an electronic gift card instead, click Back to change your selection.

Street address 1: [MADDRESS]
Street address 2: [MADDRESS2]

Please enter your city.
City: [MCITY]

Please enter your state.
State: [MSTATE]

Please enter your zip code.
Zip: [MZIP]

INCENTCON [IF INCENTTYPE = 3 OR 4] Your gift card will be delivered to you in a RTI standard business sized envelope. Since we do not have your name, the letter will be directed to you using your age.

Is this information correct?

FILL:
ADDRESS/PO BOX: [MADDRESS]
[MADDRESS2]
CITY: [MCITY]
STATE: [MSTATE]
ZIP: [MZIP]

1. Yes
2. No

IF NO IS ENTERED: Please click Back to go back one screen and enter the correct information.

CALCULATE MICSR:

IF K6 AND WHO-DAS = MID OR HIGH, MICSR = 1
ELSE, MICSR = 2.

RECRINT [IF MICSR=1] You have been selected for a follow-up interview to the National Survey on Drug Use and Health. This interview, sponsored by the U.S. Department of Health and Human Services, will ask questions about mental health. For this interview, we are selecting a mix of people, including those who have mental health issues and those who don't. The interview will be conducted over the phone or through a Zoom meeting, and takes about 60 minutes to complete.

You do not need to have an internet connection or download any Zoom software to participate. You can be in your home, office, or another private location when you complete the interview. Your participation in the interview is voluntary, and you can refuse to answer any questions or stop the interview at any time.

If you decide to participate in the follow-up interview, your first name, telephone number, and email address will be collected so we can contact you about your interview. You will be asked for permission to record the interview to ensure the interviewer administered the interview properly. You can still be interviewed even if you do not allow the interview to be recorded. Your interview recording may be used for quality or training purposes.

If you agree to complete the interview, you will receive \$30.

Please click NEXT to continue.

RECRUIT1 [IF MICSR=1] Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be accessed by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exceptions to this promise of confidentiality are if you tell the interviewer that you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation, the interviewer may need to notify a mental health professional or other authorities.

If you have questions about the study, call the Project Representative at 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

Do you agree to participate in this interview?

- 1 I agree to participate in the follow-up interview
- 2 I do not agree to participate in the follow-up interview

REFFEAS [IF RECRUIT1=2] Since the follow-up interview is designed to help us improve future NSDUH surveys, it is important to understand why people might not want to participate. Please type in the reasons you do not want to participate.

_____ [ALLOW 100]
DK/REF

RECRUIT2 [IF RECRUIT1=1] Since an interviewer will be administering the follow-up interview and will need to contact you beforehand, please type in your first name, phone number, and email address.

First Name: _____ [ALLOW 20]
Phone Number: _____ [ALLOW 20]
Email Address: _____ [ALLOW 50]
Re-enter email address: _____ [ALLOW 50]
DK/REF

RECRTXT [IF RECRUIT1=1 AND PHONE NUMBER IN RECRUIT2 NOT MISSING]

May RTI send text messages to the phone number you provided to contact you about the upcoming interview?

The messages will come from an automated system and only include information related to the follow-up interview that you schedule. Your information will not be sold to third parties and will not be shared unless required by law. You may opt-out of these messages at any time by replying STOP. Also, message frequency may vary and data rates may apply.

1. YES
2. NO

INCNTFU1 [IF RECRUIT1= 1 AND INCENTTYPE NE 5] Thank you for your time. To show our appreciation for agreeing to participate today, we would like to send you the additional \$30 [Visa or MasterCard] Gift Card to the [physical/email] address you provided earlier.

[FILL THE PHYSICAL ADDRESS FROM MAILINCENT OR EMAIL ADDRESS FROM EADDRESS.]

- 1 Yes, I accept the incentive
- 2 No, I want to receive this gift card in a different way
- 3 I decline the incentive

INCNTFU2 [IF INCTFU1=2] Please indicate how you would like to receive your \$30.

On the next screen enter your contact information. This information will be kept separate from the answers to this survey, and will only be used for the purpose of sending your gift card.

1. Electronic Visa Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
2. Electronic MasterCard Gift Card (Delivered by email within two business days, can only be used for online purchases, and can only be used for purchases of equal or lesser value)
3. Physical Visa Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)

4. Physical MasterCard Gift Card (Delivered by mail within 4-6 weeks and can be used in stores and online)
5. No, thanks. I decline the \$30

EMAILFU [IF INCNTFU2 = 1 OR 2]

The email message will be from **RTI-eIncentives@rti.org** and the subject line will say “How to Redeem Your \$30 [Visa OR MasterCard] Card.” If you’d like a physical gift card instead, click Back to change your selection.

Please enter [EMAILFILL] email address to receive the electronic gift card.
[EMAILADD]

Please re-enter [EMAILFILL] email address
[EMAILADD2]

ERROR MESSAGE: IF EMAILADD NE EMAILADD2: The email addresses do not match. Please re-enter them.

PROGRAMMER: IF THE RESPONDENT GETS TO THIS SCREEN, AND THERE IS AN EMAIL ADDRESS IN EADDRESS, FILL THAT INFORMATION HERE.

MAILFU

[IF INCNTFU2 = 3 OR 4] Please enter the address you want us to mail the gift card to. If you’d like an electronic gift card instead, click Back to change your selection.

Street address 1: [MADDRESS]
Street address 2: [MADDRESS2]

Please enter your city.
City: [MCITY]

Please enter your state.
State: [MSTATE]

Please enter your zip code.
Zip: [MZIP]

PROGRAMMER: IF THE RESPONDENT GETS TO THIS SCREEN, AND THERE IS AN ADDRESS IN MAILINCENT, FILL THAT INFORMATION HERE.

FIEXIT [IF RECRUIT1= 1] Please click CONTINUE.

CONTINUE

[OTHERWISE] That is all the questions we have for you. Thank you for participating in the National Survey on Drug Use and Health.

Please click FINISH to end the survey.

FINISH

POSTEXIT [IF RECRUIT1= 1]

Please click the button below to use the online scheduling system to schedule a date and time for your follow-up interview. Although the interview averages about 60 minutes to complete, the appointments are scheduled in two-hour timeframes. Please specify your time zone from the dropdown list so that we can adjust the calendar accordingly. If you modify the time zone, click the refresh scheduler button. After you launch the online scheduler, you will not need to come back to this page.

Please try to select a date and time for your follow-up appointment as close as possible to this interview. Appointment times are limited, so we recommend scheduling within the next 48 hours.

Within a few days of scheduling your appointment, an interviewer will contact you via phone to confirm your interview and provide meeting details. Remember, even though the interviewer will be using Zoom, you do not need to download any Zoom software in order to participate.

There are the four ways in which you can participate:

1. We can call your phone at the appointment time,
2. You can call the phone number you will be provided via email or phone,
3. You can connect to the Zoom meeting with your camera on, or
4. You can connect to the Zoom meeting with your camera off.

PROGRAMMER: LINK TO LAUNCH SCHEDULER

[OTHERWISE] For more details on the National Survey on Drug Use and Health, this link takes you to a downloadable document at the NSDUH website that includes answers to common questions, website addresses and other information.