**988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation**

**Client Experience Survey**

**Description of Participation**: The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is conducting an evaluation to learn more about the experience of individuals who have received services through 988 or another crisis service provider. SAMHSA is conducting this evaluation with help from Team Aptive, which includes two research and evaluation companies, Aptive Resources and ICF, who are contracted by SAMHSA for the evaluation. You are being asked to complete four brief surveys – one now, and the others in about 3 months, 6 months, and 12 months – to share your experiences with a healthcare or crisis service that you have recently used. Each survey will take approximately 40-45 minutes to complete.  These surveys ask questions about your experience with crisis and other behavioral health services, along with your suicide or other crisis risk, mental health status, and substance use.

**Rights Regarding Participation**:Your participation in this survey is completely voluntary.

* There are no penalties or consequences to you if you do not participate.
* You may stop the survey or skip a question at any time for any reason.
* You may contact the evaluation’s Principal Investigator with any questions you have before, during, or after completion.

**Privacy**: We take every precaution to protect your privacy. Your name and other contact information will be used only to reach you for completing follow-up surveys. It will be stored separately from your survey responses to help make sure that your responses remain confidential and private. Your survey answers will not be shared with anyone other than the research team responsible for analyzing responses, including your family or friends.

**Benefits**: Your participation in this survey will not result in any direct benefits to you. However, your input, along with input from others, will help SAMHSA and your crisis services provider agency improve the way that they help people.

**Incentive**: In appreciation of your time, you will receive a $20 electronic gift card after completing each survey, or up to $80 total if you complete all four surveys.

**Risks**: Some of the questions in this survey ask about services received during crisis situations. As a reminder, you may skip questions you do not wish to answer. If at any time you begin to feel upset while taking this survey, please stop the survey and call or text 988 to speak to a counselor 24 hours a day/7 days a week. You can also visit the [988 Lifeline Chat](https://988lifeline.org/chat/) to connect with a counselor. Reminders about how to reach someone who can help are included throughout the survey in case you need them.

**Contact Information**: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at (646) 695-8154 or [christine.walrath@icf.com](mailto:christine.walrath@icf.com).

For any questions related to your rights as they related to this research, please contact the ICF IRB at [IRB@icf.com.](mailto:IRB@icf.com)

**(If over age 18 based on embedded data) Do you consent (agree) to participate in this study?** Yes No

**(If under age 18 based on embedded data) Do you assent (agree) to participate in this study?** Yes No

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*Name of Participant (Print) Electronic Signature of Participant*

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*Month/Day/Year*

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| **Item Number** | **Question** | **Response Options** |
| **----** | **Your Care & Services.** Thank you for agreeing to participate in the Client Experience Survey. First, we’d like to ask you about your experiences with crisis services over the past 3 months. | ---- |
| 1. | In the last 3 months, have you experienced any of the following events? *Select all that apply.* | 1=I called or messaged 988 or another crisis hotline  2=I received care from a mobile crisis provider  3=I visited/was taken to crisis walk-in, crisis receiving, crisis respite, or peer respite center  4=I visited/was taken to a crisis stabilization unit  5=I visited/was taken to the emergency department for my mental health or substance use  6=I was placed on a 72-hour psychiatric hold  7=I was hospitalized for my mental health or substance use  8=I received care in a residential treatment program (non-inpatient setting) for my mental health or substance use  9=I received care through a day treatment program for my mental health or substance use  10=I was hospitalized in a detox facility for my mental health or substance use  11=I accidentally overdosed on opioids, such as prescription opioids, fentanyl, or heroin  12=I accidentally overdosed on another type of drug  13=I attempted suicide  14=Other, please specify: **[Open ended response]**  15=I have not experienced any of these situations |
| 2. | In the last 3 months, have you received services from any of the following providers related to a mental health or substance use crisis, including thoughts of suicide?  *Select all that apply.* | 1=988 or another crisis hotline  2=Mobile crisis (e.g., face-to-face or telehealth assessment, referral, treatment, or follow-up services)  3=Crisis stabilization unit or walk-in center (e.g., short-term intensive mental health support services)  4=Behavioral health services (e.g., mental health, substance use)  5=Emergency department  6=Emergency law enforcement response (e.g., police)  7=Emergency medical response  8=Jail or Justice Services  9=I did not receive any of these services  10=Other, please specify: **[Open ended response]** |
| 2a. | You indicated that you have contacted 988 or another crisis hotline in the last 3 months. Which crisis hotline did you contact? *Select all that apply.*  **PROGRAMMER:**   * **Display only if Q1 is = ‘I called or messaged 988 or another crisis hotline’ OR Q2 is = ‘988 or another crisis hotline’** | 1= 988 (Call, Text, or Chat)  2=Veteran’s Crisis Line  3=Crisis Text Line  4=TrevorLifeline, TrevorChat, or TrevorText  5=Another crisis hotline, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer  99=I don’t know |
| 2b. | Have you **EVER** contacted 988 or another suicide crisis hotline?  **PROGRAMMER:**   * **Display only if Q1 is NOT = ‘I called or messaged 988 or another crisis hotline’ AND Q2 is NOT = ‘988 or another crisis hotline’** | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 2c. | You indicated in the previous questions that you had experienced a crisis event within the past 3 months, but received care through a resource other than 988/another crisis hotline. Please share how you decided which crisis supports to reach out to.  **PROGRAMMER:**   * **Display only if Q1 is NOT = ‘I called or messaged 988 or another crisis hotline’ AND Q2 is NOT = ‘988 or another crisis hotline’** | Open text (alphanumeric) **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 3. | If you needed crisis support in the future, would you contact 988 or another crisis hotline? | 1=Yes **[Go to Q4]**  0=No **[Continue to Q3a]**  3=I’m not sure **[Go to Q3a]**  88=Prefer not to answer **[Go to Q4]** |
| 3a. | Please share why you would not call 988 or another crisis hotline if you needed support in the future. | Open text (alphanumeric)  77=Not Applicable  88=Prefer not to answer |
| **----** | **Your Experiences with the 988 Suicide & Crisis Lifeline.** The next questions ask about the services you received **from 988 or another crisis lifeline**.  **PROGRAMMER: This section should only be displayed if ‘I called or messaged 988 or another crisis hotline’ is selected on Q1 OR ‘988 or another crisis hotline’ is selected on Q2.** | **----** |
| ---- | We’d like to learn more about your experiences after you contacted 988 or another crisis hotline. Please answer the questions below based on your experiences over the past 3 months.  *If you have contacted 988 or another crisis hotline more than once over the past 3 months, please respond based on your* ***first*** *contact during this time period.* | ---- |
| 4. | How did you contact 988 or another crisis hotline? *Select all that apply within the past 3 months.* | 1= I contacted the crisis hotline through phone call  2=I contacted the crisis hotline through text message  3=I contacted the crisis hotline through a chat message  4=Other, please specify\_\_\_\_\_  77=Not Applicable  88=Prefer not to answer |
| 5. | Did you receive any of the following services during your contact with the crisis hotline?  **PROGRAMMER:**   * **Adapt language based on response to Q4. If option 2 is selected, replace ‘talked to’ with ‘texted with.’ If option 3 is selected, replace ‘talked to’ with ‘chatted with.’** | 1=I talked to a counselor for Veterans or the Veteran’s Crisis Line (Option 1 when calling) **[Go to Q6]**  2=I talked to a specially trained counselor for Spanish speakers (Option 2 when calling) **[Go to Q6]**  3=I talked to a counselor through a translator **[Continue to Q5a]**  4=I talked to a counselor through a videophone, TTY, or relay service **[Go to Q6]**  5=None of the scenarios above applied to my crisis hotline contact **[Go to Q6]**  77=Not Applicable **[Go to Q6]**  88=Prefer not to answer **[Go to Q6]** |
| 5a. | What language was used during your contact with 988 or other crisis hotline? *Select all that apply.* | 1=English  2=Spanish  3=Chinese  4=Tagalog (including Filipino)  5=Vietnamese  6=Arabic  7=American Sign Language  7=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 6. | People reach out to 988 and other crisis hotlines for many different reasons. Could you please share: what life experiences were most connected to your decision to contact 988 or another crisis hotline? | Open text (alphanumeric)  77=Not Applicable  88=Prefer not to answer |
| 7. | How were you connected with 988 or another crisis hotline? *Select all that apply.* | 1=I decided to contact a crisis hotline on my own  2=A mobile crisis provider encouraged me to contact a crisis hotline  3=A crisis stabilization provider encouraged me to contact a crisis hotline  4=A mental health or substance use provider (other than mobile crisis or crisis stabilization) encouraged me to contact a crisis hotline  5=A primary care or other physical healthcare provider encouraged me to contact a crisis hotline  6=An emergency responder (e.g., police officer, EMS) encouraged me to contact a crisis hotline  7=A friend, family member, or other loved one encouraged me to contact a crisis hotline  8=A member of a faith-based organization encouraged me to contact a crisis hotline  9=A member of a community group or agency (not including faith-based organizations) encouraged me to contact a crisis hotline  10=Someone else contacted 988 or another crisis hotline on my behalf  11=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 8. | Who participated in your contact with 988 or other crisis hotline (other than the crisis counselor)? *Select all that apply.* | 1=I talked to a crisis counselor individually.  2=A friend, family member, or other personal support person.  3=A mental health, substance use, healthcare, or other professional support person.  4= Other, please specify: **[Open ended response]** |
| 9. | Sometimes people receive crisis support from another organization after they call 988 or other crisis hotlines. Did you receive any of the following services within **48 hours** (2 days) of your contact with the crisis hotline? *Select all that apply.* | 1=Mobile crisis (e.g., face-to-face or telehealth assessment, referral, treatment, or follow-up services) **[Continue to Q9a]**  2=Crisis stabilization unit or walk-in center (e.g., short-term intensive mental health support services) **[Continue to Q9a]**  3=Behavioral health services (e.g., mental health, substance use) **[Continue to Q9a]**  4=Emergency department **[Continue to Q9a]**  **5**=Emergency law enforcement response (e.g., police) **[Continue to Q9a]**  6=Emergency medical response **[Continue to Q9a]**  7=Jail or justice Services **[Continue to Q9a]**  8=I did not receive any of these services **[Go to Q10]**  9=Other, please specify: **[Open ended response; go to Q10]**  77=Not Applicable **[Go to Q10]**  88=Prefer not to answer **[Go to Q10]** |
| 9a. | Did you decide to receive these services voluntarily, because you thought that they would help you? | 1=Yes, I received these services voluntarily **[Go to Q10]**  2=No, my crisis services provider decided that I needed these services even though I didn’t agree **[Continue to Q9b]**  3=No, another type of provider decided that I needed these services even though I didn’t agree **[Continue to Q9b]**  77=Not Applicable **[Go to Q10]**  88=Prefer not to answer **[Go to Q10]** |
| 9b. | Were you transported or admitted to a higher level of care as part of the services you received involuntarily? *Select all that apply.* | 1=Yes, I was transported involuntarily during or after a crisis event  2= Yes, I was admitted to a higher level of care (i.e., crisis stabilization, emergency department, hospital, jail/prison) involuntarily during or after a crisis event  3=No, I was not transported or admitted to a higher level of care involuntarily during/after a crisis event  4= Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 10. | Have you contacted 988 or another crisis hotline more than once over the past 3 months? | 1=Yes **[Continue to Q10a]**  0=No **[Go to Q11]**  77=Not Applicable **[Go to Q11]**  88=Prefer not to answer **[Go to Q11]** |
| 10a. | How many times have you contacted 988 or another crisis hotline over the past 3 months? Please enter a number. | Open Text (numeric) **[Open ended response]**  77=Not Applicable  88=Prefer not to answer  99=I don’t know |
| 11. | Did you receive a follow-up call or other contact from 988 or another crisis hotline after your initial conversation?  *This could include things like a phone call or text to see how you’re doing or share additional resources with you.* | 1=Yes **[Continue to Q11a]**  0=No **[Go to Q12]**  77=Not Applicable **[Go to Q12]**  88=Prefer not to answer **[Go to Q12]**  99=I don’t know **[Go to Q12]** |
| 11a. | How many times did your 988 or other crisis hotline provider follow-up with you after your initial contact? Please enter a number. | Open Text (numeric) **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 12. | The next questions ask about your satisfaction with the services you received from **988 or another crisis hotline**. Please answer the questions below based on your honest opinions, whether they are positive or negative.  **[Satisfaction with Therapy and Therapist Scale – Revised]** | ---- |
| 12a. | I am satisfied with the quality of the crisis hotline services I received. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12b. | The crisis counselor listened to what I was trying to get across. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12c. | My needs were met by the crisis hotline. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12d. | The crisis counselor provided an adequate explanation regarding my crisis hotline services. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12e. | I would recommend this crisis hotline to a friend. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12f. | The crisis counselor was not negative or critical towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12g. | I would return to the crisis hotline if I needed help. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12h. | The crisis counselor was friendly and warm towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12i. | After receiving crisis hotline services, I am able to deal more effectively with my problems. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12j. | I felt free to express myself. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12k. | I was able to focus on what was of real concern to me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12l. | The crisis counselor seemed to understand what I was thinking and feeling. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 12m. | How much did this service help with the specific problem that led you to the crisis hotline? | 1=Made things a lot better  2=Made things somewhat better  3=Made no difference  4=Made things somewhat worse  5=Made things a lot worse  77=Not Applicable  88=Prefer not to answer |
| ---- | **Your Experiences with Mobile Crisis Services.** The next questions ask about the services you received **from a mobile crisis services provider.**  **PROGRAMMER: This section should only be displayed if ‘I received care from a mobile crisis provider’ is selected on Q1 OR ‘mobile crisis’ is selected on Q2.** | **----** |
| ---- | *We’d like to learn more about your experiences with mobile crisis services. Please answer the questions below based on your experiences over the past 3 months.*  *If you have received mobile crisis services more than once over the past 3 months, please respond based on your* ***first*** *contact during this time period.* | ---- |
| 14. | How were you connected with mobile crisis services? *Select all that apply.* | 1=I decided to contact mobile crisis services on my own  2=A 988 or crisis hotline provider encouraged me to contact mobile crisis services  3=A crisis stabilization provider encouraged me to contact mobile crisis services  4=A mental health or substance use provider (other than mobile crisis or crisis stabilization) encouraged me to contact mobile crisis services  5=A primary care or other physical health provider encouraged me to contact mobile crisis services  6=An emergency responder (e.g., police officer, EMS) encouraged me to contact mobile crisis services  7=A friend, family member, or other loved one encouraged me to contact mobile crisis services  8=A member of a faith-based organization encouraged me to contact mobile crisis services  9=A member of a community group or agency (not including faith-based organizations) encouraged me to contact mobile crisis services  10=Someone else contacted mobile crisis services on my behalf  11=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 15. | Sometimes people receive crisis support from another organization after they receive mobile crisis services.  Did you receive any of the following services within **48 hours (2 days)** of your contact with a mobile crisis provider? *Select all that apply.* | 1=988 or another crisis hotline **[Continue to Q15a]**  2=Crisis stabilization unit or walk-in center (e.g., short-term intensive mental health support services) **[Continue to Q15a]**  3=Behavioral health services (e.g., mental health, substance use) **[Continue to Q15a]**  4=Emergency department **[Continue to Q15a]**  5=Emergency law enforcement response (e.g., police) **[Continue to Q15a]**  6=Emergency medical response **[Continue to Q15a]**  7=Jail or Justice Services **[Continue to Q15a]**  8=I did not receive any of these services **[Go to Q16]**  9=Other, please specify: **[Open ended Response; Go to Q15a]**  77=Not Applicable **[Go to Q16]**  88=Prefer not to answer **[Go to Q16]** |
| 15a. | Did you decide to receive these services voluntarily, because you thought that they would help you? | 1=Yes, I received these services voluntarily **[Go to Q16]**  2=No, my crisis services provider decided that I needed these services even though I didn’t agree **[Continue to Q15b]**  3=No, another type of provider decided that I needed these services even though I didn’t agree **[Continue to Q15b]**  77=Not Applicable **[Go to Q16]**  88=Prefer not to answer **[Go to Q16]** |
| 15b. | Were you transported or admitted to a higher level of care as part of the services you received involuntarily? *Select all that apply.* | 1=Yes, I was transported involuntarily during or after a crisis event  2= Yes, I was admitted to a higher level of care (i.e., crisis stabilization, emergency department, hospital, jail/prison) involuntarily during or after a crisis event  3=No, I was not transported or admitted to a higher level of care involuntarily during/after a crisis event  4= Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 16. | Have you received mobile crisis services more than once over the **past 3 months**? | 1=Yes **[Continue to Q16a]**  0=No **[Go to Q17]**  77=Not Applicable **[Go to Q17]**  88=Prefer not to answer **[Go to Q17]** |
| 16a. | How many times have you received mobile crisis services over the **past 3 months**? Please enter a number. | Open Text (numeric)  77=Not Applicable  88=Prefer not to answer |
| 17. | Did you receive a follow-up call or other contact from the mobile crisis provider after your initial conversation? This could include things like a phone call or text to see how you’re doing or share additional resources with you. | 1=Yes **[Continue to Q17a]**  0=No **[Go to Q18]**  77=Not Applicable **[Go to Q18]**  88=Prefer not to answer **[Go to Q18]**  99=I don’t know **[Go to Q18]** |
| 17a. | How many times did your mobile crisis provider follow-up with you after your initial contact? Please enter a number. | Open Text (numeric)  77=Not Applicable  88=Prefer not to answer |
| 18. | The next questions ask about your satisfaction with the services you received from a **mobile crisis services provider**. Please answer the questions below based on your honest opinions, whether they are positive or negative.  **[Satisfaction with Therapy and Therapist Scale – Revised]** | ---- |
| 18a. | I am satisfied with the quality of the mobile crisis services I received. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18b. | The crisis counselor listened to what I was trying to get across. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18c. | My needs were met by the mobile crisis service. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18d. | The crisis counselor provided an adequate explanation regarding my mobile crisis services. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18e. | I would recommend this mobile crisis provider to a friend. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18f. | The crisis counselor was not negative or critical towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18g. | I would return to the mobile crisis provider if I needed help. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18h. | The crisis counselor was friendly and warm towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18i. | After receiving mobile crisis services, I am able to deal more effectively with my problems. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18j. | I felt free to express myself. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18k. | I was able to focus on what was of real concern to me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18l. | The crisis counselor seemed to understand what I was thinking and feeling. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 18m. | How much did this service help with the specific problem that led you to the mobile crisis provider? | 1=Made things a lot better  2=Made things somewhat better  3=Made no difference  4=Made things somewhat worse  5=Made things a lot worse  77=Not Applicable  88=Prefer not to answer |
| ---- | **Your Experiences with Crisis Stabilization Services.** The next questions ask about the services you received **from a crisis stabilization service, including crisis walk-in centers, crisis respite, peer respite, or crisis receiving centers.**  **PROGRAMMER: This section should only be displayed if ‘I visited/was taken to a crisis walk-in center’ OR ‘I visited/was taken to a crisis stabilization unit’ is selected on Q1 OR ‘Crisis stabilization unit or walk-in center’ is selected on Q2.** | **----** |
| ---- | We’d like to learn more about your experiences with crisis stabilization services. Please answer the questions below based on your experiences over the past 3 months.  *If you have received crisis stabilization services more than once over the past 3 months, please respond based on your* ***first*** *contact during this time period.* | ---- |
| 20. | From which crisis stabilization agencies have you received services within the past 3 months? *Select all that apply.* | 1=Crisis receiving and stabilization facility or crisis respite service (short-term observation and crisis stabilization in a non-hospital setting provided by clinical crisis support providers, often less than 24 hours)  2=Peer respite service (short-term observation and crisis stabilization in a non-hospital setting provided by peers or non-clinical crisis support providers, often less than 24 hours)  3=Short-term crisis residential programs (short-term observation and crisis stabilization in a non-hospital setting, often more than 24 hours but less than 7 days)  4=Crisis walk-in center (immediate, face-to-face evaluation available without an appointment for those who are experiencing a mental health emergency)  5=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 21. | How were you connected with crisis stabilization services? *Select all that apply.* | 1=I decided to contact crisis stabilization services on my own  2=A 988 or crisis hotline provider encouraged me to contact crisis stabilization services  2=A mobile crisis provider encouraged me to contact crisis stabilization services  4=A mental health or substance use provider (other than mobile crisis or a crisis hotline) encouraged me to contact crisis stabilization services  5=A primary care or other physical health provider encouraged me to contact crisis stabilization services  6=An emergency responder (e.g., police officer, EMS) encouraged me to crisis stabilization services.  7=A friend, family member, or other loved one encouraged me to contact crisis stabilization services  8=A member of a faith-based organization encouraged me to contact crisis stabilization services  9=A member of a community group or agency (not including faith-based organizations) encouraged me to contact crisis stabilization services  10=Someone else contacted crisis stabilization services on my behalf  10=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 22. | Sometimes people receive crisis support from another organization after they receive crisis stabilization services. Did you receive any of the following services within **48 hours (2 days)** of your contact with a crisis stabilization provider? *Please select all that apply.* | 1=Mobile crisis (e.g., face-to-face or telehealth assessment, referral, treatment, or follow-up services) **[Continue to Q22a]**  2=Crisis stabilization unit or walk-in center (e.g., short-term intensive mental health support services) **[Continue to Q22a]**  3=Behavioral health services (e.g., mental health, substance use) **[Continue to Q22a]**  4=Emergency department **[Continue to Q22a]**  5=Emergency law enforcement response (e.g., police) **[Continue to Q22a]**  6=Emergency medical response **[Continue to Q22a]**  7=Jail or justice Services **[Continue to Q22a]**  8=I did not receive any of these services **[Go to Q23]**  9=Other, please specify: **[Open ended response; Go to Q22a]**  77=Not Applicable **[Go to Q23]**  88=Prefer not to answer **[Go to Q23]** |
| 22a. | Did you decide to receive these services voluntarily, because you thought that they would help you? | 1=Yes, I received these services voluntarily **[Go to Q23]**  2=No, my crisis services provider decided that I needed these services even though I didn’t agree **[Continue to Q22b]**  3=No, another type of provider decided that I needed these services even though I didn’t agree **[Continue to Q22b]**  77=Not Applicable **[Go to Q23]**  88=Prefer not to answer **[Go to Q23]** |
| 22b. | Were you transported or admitted to a higher level of care as part of the services you received involuntarily? *Select all that apply.* | 1=Yes, I was transported involuntarily during or after a crisis event.  2= Yes, I was admitted to a higher level of care (i.e., crisis stabilization, emergency department, hospital, jail/prison) involuntarily during or after a crisis event.  3=No, I was not transported or admitted to a higher level of care involuntarily during/after a crisis event.  4= Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 23. | Have you received crisis stabilization services more than once over the **past 3 months**? | 1=Yes **[Continue to Q23a]**  0=No **[Go to Q24]**  77=Not Applicable **[Go to Q24]**  88=Prefer not to answer **[Go to Q24]** |
| 23a. | How many times have you received crisis stabilization services over the **past 3 months**? Please enter a number. | Open Text (numeric)  77=Not Applicable  88=Prefer not to answer |
| 24. | Did you receive a follow-up call or other contact from the crisis stabilization provider after your initial conversation?  *This could include things like a phone call or text to see how you’re doing or share additional resources with you.* | 1=Yes **[Continue to Q24a]**  0=No **[Go to Q25]**  77=Not Applicable **[Go to Q25]**  88=Prefer not to answer **[Go to Q25]**  99=I don’t know **[Go to Q25]** |
| 24a. | How many times did your crisis stabilization provider follow-up with you after your initial contact? Please enter a number. | Open Text (numeric)  77=Not Applicable  88=Prefer not to answer |
| 25. | The next questions ask about your satisfaction with the services you received from a **crisis stabilization service**, including crisis walk-in centers. Please answer the questions below based on your honest opinions, whether they are positive or negative.  **[Satisfaction with Therapy and Therapist Scale – Revised]** | ---- |
| 25a. | I am satisfied with the quality of the crisis stabilization services I received. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25b. | The crisis counselor listened to what I was trying to get across. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25c. | My needs were met by the crisis stabilization service. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25d. | The crisis counselor provided an adequate explanation regarding my crisis stabilization services. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25e. | I would recommend this crisis stabilization service to a friend. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25f. | The crisis counselor was not negative or critical towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25g. | I would return to the crisis stabilization service if I needed help. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25h. | The crisis counselor was friendly and warm towards me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25i. | After receiving crisis stabilization services, I am able to deal more effectively with my problems. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25j. | I felt free to express myself. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25k. | I was able to focus on what was of real concern to me. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25l. | The crisis counselor seemed to understand what I was thinking and feeling. | 1=Strongly disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree  77=Not Applicable  88=Prefer not to answer |
| 25m. | How much did this service help with the specific problem that led you to the crisis stabilization service? | 1=Made things a lot better  2=Made things somewhat better  3=Made no difference  4=Made things somewhat worse  5=Made things a lot worse  77=Not Applicable  88=Prefer not to answer |
| ---- | **Your Experiences with Behavioral Health Services.** The next questions ask about any other behavioral health services you have received, either before or after your contact with a crisis services provider.  For example, these could be services you received for mental health symptoms, like depression or anxiety, or for substance use. As you answer questions in this section, please consider any behavioral health services you have received, regardless of the setting, other than crisis care or emergency services. | **----** |
| 27. | Have you **EVER** received help from a service provider for your mental health, emotions, behavior, or substance use? This could include things like a therapist, counselor, case manager, or other forms of professional support. *Select all that apply.* | 1= Yes, I have received services related to my mental health, emotions, or behavior **[Continue to Q27a]**  2=Yes, I have received services related to my substance use **[Continue to Q27a]**  3=No, I have never received services related to my mental health, emotions, behavior, or substance use **[Go to Q27e]**  4=Other, please specify: **[Open ended response; Go to Q27e]**  88=Prefer not to answer |
| 27a. | What kind of help have you **EVER** received from a service provider for your mental health, emotions, behavior, or substance use? *Select all that apply.* | 1=Outpatient mental health counseling or therapy (where you did not stay overnight) **[Continue to Q27b]**  2=Outpatient substance use counseling or therapy (where you did not stay overnight) **[Continue to Q27b]**  3=Residential mental health treatment (where you did stay overnight) **[Continue to Q27b]**  4=Residential substance use treatment center (where you did stay overnight) **[Continue to Q27b]**  5=Medication related to mental health or substance use **[Continue to Q27b]**  6=Case management **[Continue to Q27b]**  7=Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge) **[Continue to Q27b]**  8=Peer support services **[Continue to Q27b]**  9=Other, please specify: **[Open ended response] [Continue to Q27b]**  77=Not Applicable **[Go to Q28]**  88=Prefer not to answer **[Go to Q28]** |
| 27b. | Which of these services did you receive in the **one year** prior to your contact with crisis services? For this question, please base your response on your first contact with a crisis service provider within the past 3 months. *Select all that apply.* | [Carry forward responses from Q27a]  10=I have not received services within the past year.  77=Not Applicable  88=Prefer not to answer |
| 27c. | Which of these services were you receivingat the time of your **first contact** with a crisis service provider **within the past 3 months?** *Select all that apply.* | [Carry forward responses from Q27a]  10=I was not receiving services at the time of my first contact with a crisis service provider within the past 3 months.  77=Not Applicable  88=Prefer not to answer |
| 27d. | Which of these services are you **currently** receiving? *Select all that apply.* | [Carry forward responses from Q27a] **[Go to Q28 if any selected]**  10=I am not currently receiving services. **[Continue to Q27e]**  77=Not Applicable **[Go to Q28]**  88=Prefer not to answer **[Go to Q28]** |
| 27e. | There may be many reasons that you are not currently receiving help for your mental health, substance use, emotions, or behavior.  *Please select each statement below if it is one of the reasons why you are not currently receiving this kind of care.* | 1=I have not wanted or needed this kind of care  2=It would cost too much  3=I do not have health insurance coverage for this kind of care  3=My health insurance would not pay enough of the costs  4=I did not know how or where to get care  5=I could not find a treatment program or health care professional I wanted to go to  6=I had problems with things like transportation, childcare, or getting appointments at times that worked for me  7=I was worried that my information would not be kept private  8=I was worried about what people would think or say if I got treatment  9=I thought that if people knew I was receiving care, bad things would happen like losing my job, home, or children  10=I was not ready to receive care  11=I thought I should be able to handle my mental health, substance use, emotions, or behavior on my own  12=I was afraid of being committed to a hospital or forced into care against my will  13=I thought I would be told I needed to take medication  14=I didn’t think care would help me  15=I thought no one would care if I got better  16=Other, please specify: **[Open ended response.]**  77=Not Applicable  88=Prefer not to answer |
| 28. | Did you receive a referral to another kind of help for your mental health, emotions, behavior, or substance use because of your contact with a crisis service provider within the past 3 months? | 1=Yes **[Continue to Q28a]**  0=No **[Go to Q29/Next Section]**  77=Not Applicable **[Go to Q29/Next Section]**  88=Prefer not to answer **[Go to Q29/Next Section]**  99=I don’t know **[Go to Q29/Next Section]** |
| 28a. | What kind of help were you referred to for your mental health, emotions, behavior, or substance use at the time of your first contact with a crisis services provider **over the past 3 months**? *Select all that apply.* | 1=Outpatient mental health counseling or therapy (where you did not stay overnight)  2=Outpatient substance use counseling or therapy (where you did not stay overnight)  3=Residential mental health treatment (where you did stay overnight)  4=Residential substance use treatment Center (where you did stay overnight)  5=Medication related to mental health or substance use  6=Case management  7=Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)  8=Peer support services  9=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer  99=I don’t know |
| 28b. | Thinking back, approximately how long was it before you were seen by one of these service providers after your first crisis service experience **within the past 3 months**? Please select the option that most closely matches when you were first seen after your crisis experience.  **PROGRAMMER:**   * **Display at baseline only.** | 1=I was seen immediately  2=Within the day  3=Within 2 days  4=Within a week  5=Within two weeks  7= Within a month  8=Within two months  9=Longer than two months  6=I did not receive services after I was referred.  77=Not Applicable  88=Prefer not to answer  99=I don’t know |
| ---- | **Your Experiences with Suicide.** In this section, we’ll ask you a series of questions about your experiences and opinions related to suicide. Each of these questions helps us learn more about how crisis services can best support people, whether you have previously experienced suicidal thoughts and behaviors or not. Please complete each of the questions below based on what you think and believe, even if those responses are different from what you think others might answer.  Sometimes being asked questions about stressful life events and suicide can bring up uncomfortable thoughts and feelings. If this happens for you, please pause or stop the survey and click on [this link to be connected with 988 through an online chat](https://988lifeline.org/chat/). 988 counselors are trained to support you as you work through these feelings and can be reached through the linked chat or by dialing or texting 988 from a phone. You can also skip any questions at any time throughout the survey that you would prefer not to answer. | ---- |
| 29. | Please carefully read each group of statements below. Please select the one statement in each group that best describes how you have been feeling for **the past week, including today**. Be sure to read all the statements in each group before making a choice.  **[Beck Scale for Suicidal Ideation]** |  |
| 29a. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have a moderate to strong wish to live  1=I have a weak wish to live  2=I have no wish to live  88=Prefer not to answer |
| 29b. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have no wish to die  1=I have a weak wish to die  2=I have a moderate to strong wish to die  88=Prefer not to answer |
| 29c. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=My reasons for living outweigh my reasons for dying  1=My reasons for living or dying are about equal  2=My reasons for dying outweigh my reasons for living  88=Prefer not to answer |
| 29d. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have no desire to kill myself  1=I have a weak desire to kill myself  2=I have a moderate to strong desire to kill myself  88=Prefer not to answer |
| 29e. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]**  **PROGRAMMER: If sum of Q29d and Q29e is 0, skip to Q29t. If sum of Q29d and Q29e is greater than 0, proceed to Q29f.** | 0=I would try to save my life if I found myself in a life-threatening situation  1=I would take a chance on life or death if I found myself in a life-threatening situation  2=I would not take the steps necessary to avoid death if I found myself in a life-threatening situation  88=Prefer not to answer |
| 29f. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have brief periods of thinking about killing myself which pass quickly  1=I have periods of thinking about killing myself which last for moderate amounts of time  2=I have long periods of thinking about killing myself  88=Prefer not to answer |
| 29g. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I rarely or only occasionally think about killing myself  1=I have frequent thoughts about killing myself  2=I continuously think about killing myself  88=Prefer not to answer |
| 29h. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I do not accept the idea of killing myself  1=I neither accept nor reject the idea of killing myself  2=I accept the idea of killing myself  88=Prefer not to answer |
| 29i. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I can keep myself from dying by suicide  1=I am unsure that I can keep myself from dying by suicide  2=I cannot keep myself from dying by suicide  88=Prefer not to answer |
| 29j. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I would not kill myself because of my family, friends, religion, possible injury from a suicide attempt, etc.  1=I am somewhat concerned about killing myself because of my family, friends, religion, possible injury from a suicide attempt, etc.  2=I am not or only a little concerned about killing myself because of my family, friends, religion, possible injury from a suicide attempt, etc.  88=Prefer not to answer |
| 29k. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=My reasons for wanting to die by suicide are primarily aimed at influencing other people, such as getting even with people, making people happier, making people pay attention to me, etc.  1=My reasons for wanting to die by suicide are not only aimed at influencing other people, but also represent a way of solving my problems  2=My reasons for wanting to die by suicide are primarily based upon escaping from my problems  88=Prefer not to answer |
| 29l. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have no specific plan about how to kill myself  1=I have considered ways of killing myself but have not worked out the details  2=I have a specific plan for killing myself  88=Prefer not to answer |
| 29m. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I do not have access to a method or an opportunity to kill myself  1=The method that I would use to kill myself takes time, and I really do not have a good opportunity to use this method  2=I have access or anticipate having access to the method that I would choose for killing myself and also have or shall have the opportunity to use it  88=Prefer not to answer |
| 29n. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I do not have the courage or the ability to die by suicide  1=I am unsure that I have the courage or the ability to die by suicide  2=I have the courage and the ability to die by suicide  88=Prefer not to answer |
| 29o. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I do not expect to make a suicide attempt  1=I am unsure that I shall make a suicide attempt  2=I am sure that I shall make a suicide attempt  88=Prefer not to answer |
| 29p. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have made no preparations to die by suicide  1=I have made some preparations for dying by suicide  2=I have almost finished or completed my preparations to die by suicide  88=Prefer not to answer |
| 29q. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have not written a suicide note  1=I have thought about writing a suicide note or have started to write one but have not completed it  2=I have completed a suicide note  88=Prefer not to answer |
| 29r. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have made no arrangements for what will happen after I die by suicide  1=I have thought about making some arrangements for what will happen after I have died by suicide  2=I have made definite arrangements for what will happen after I have died by suicide  88=Prefer not to answer |
| 29s. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=I have not hidden my desire to kill myself from people  1=I have held back telling people about wanting to kill myself  2=I have attempted to hide, conceal, or lie about wanting to kill myself  88=Prefer not to answer |
| 29t. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]**  **PROGRAMMER: If Q29t = 0, skip to Q31. If Q29t = 1 or 2, proceed to Q29u.** | 0=I have never attempted suicide  1=I have attempted suicide once  2=I have attempted suicide two or more times  88=Prefer not to answer |
| 29u. | **[PROGRAMMER: This space is intentionally blank. Each set of items should appear grouped together, without a question stem]** | 0=My wish to die during the last suicide attempt was low  1=My wish to die during the last suicide attempt was moderate  2=My wish to die during the last suicide attempt was high  88=Prefer not to answer |
| 30. | You shared that you have previously attempted suicide. Please provide additional information about these experiences below if you are comfortable sharing.  **Multi-Item Suicide Attempt History Screener]** |  |
| 30a. | How many times have you attempted suicide, where you attempted to kill yourself? Please enter a number. | Open Text (numeric)  77=Not Applicable  88=Prefer not to answer |
| 30b. | When did these attempts occur? Please list an approximate date for each attempt throughout your lifetime. | Open Text (alphanumeric)  77=Not Applicable  88=Prefer not to answer |
| 30c. | Did you require any medical treatment for any of these attempts? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 31. | You shared that you have had recent thoughts of suicide. Please answer the questions below based on how you have been feeling over the **past month**.  **[Suicidal Ideation Attributes Scale]** |  |
| 31a. | In the past month, how often have you had thoughts about suicide? Please rate this on a scale ranging from 0, Never, to 10, Always. | Open Text (numeric) or Slider Scale |
| 31b. | In the past month, how much control have you had over these thoughts? Please rate this on a scale ranging from 0, No Control/Do Not Control, to 10, Full Control. | Open Text (numeric) or Slider Scale |
| 31c. | In the past month, how close have you come to making a suicide attempt? Please rate this on a scale ranging from 0, Not at all close, to 10, Have made an attempt. | Open Text (numeric) or Slider Scale |
| 31d. | In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks, or social activities?  Please rate this on a scale ranging from 0, Not at all, to 10, Extremely. | Open Text (numeric) or Slider Scale |
| ---- | **If you are currently experiencing a crisis or are considering suicide, please talk to a trusted friend, family member, or your primary behavioral health care provider so that they can help you. You can also call or text 988 to speak to a trained crisis counselor 24 hours a day, 7 days a week, or chat with a crisis counselor at any time through the** [**988 Lifeline Chat**](https://988lifeline.org/chat/)**.**  **PROGRAMMER: Display this screen if SUM of Q31a-Q31d is 21 or greater. All else, skip to Q33.** | -- |
| 32. | Would you like to continue with the survey at this time? | 1=Yes **[Continue to Q33]**  0=No **[Go to end of form]** |
| 33. | Please rate the items below based on how true each of these statements is for you **based on how you have felt over the past 3 months.**  **These days…**  **[Interpersonal Needs Questionnaire 10]** | ---- |
| 33a. | The people in my life would be better off if I were gone. | 1=Not at all true for me  2=Slightly true for me  3=Somewhat true for me  4=Mostly true for me  5=Very true for me  88=Prefer not to answer |
| 33b. | The people in my life would be happier without me. | 1=Not at all true for me  2=Slightly true for me  3=Somewhat true for me  4=Mostly true for me  5=Very true for me  88=Prefer not to answer |
| 33c. | I think my death would be a relief to the people in my life. | 1=Not at all true for me  2=Slightly true for me  3=Somewhat true for me  4=Mostly true for me  5=Very true for me  88=Prefer not to answer |
| 33d. | I think the people in my life wish they could be rid of me. | 1=Not at all true for me  2=Slightly true for me  3=Somewhat true for me  4=Mostly true for me  5=Very true for me  88=Prefer not to answer |
| 33e. | I think I make things worse for the people in my life. | 1=Not at all true for me  2=Slightly true for me  3=Somewhat true for me  4=Mostly true for me  5=Very true for me  88=Prefer not to answer |
| ---- | **Your Mental Health and Wellbeing.** Next, we’d like to ask you about your overall mental health and wellbeing. These questions help us learn about how the services you received may impact you, now and in the future. | ---- |
| 34. | Has a doctor, therapist, counselor, or other health professional ever told you that you have any of the following? *Select all that apply.* | 1= An anxiety disorder (e.g., Generalized Anxiety Disorder, Panic Disorders)  2= A depressive disorder (e.g., Major Depressive Disorder, Persistent Depressive Disorder)  3= A bipolar disorder (e.g., Bipolar I Disorder, Bipolar II Disorder)  4=A trauma-related disorder (e.g., Post-Traumatic Stress Disorder, Prolonged Grief Disorder)  5=A psychotic spectrum disorder (e.g., Schizophrenia, Schizoaffective Disorder)  6=A substance use disorder (e.g., Opioid Use Disorder, Alcohol Use Disorder)  7=Another disorder, please specify: **[Open ended response]**  8=I have never been diagnosed with a disorder related to my mental health, emotions, or substance use  88=Prefer not to answer |
| 35. | Do you see things that others can’t or don’t see? | 1=Yes  0=No  88=Prefer not to answer |
| 36. | Have you ever felt that someone was playing with your mind? | 1=Yes  0=No  88=Prefer not to answer |
| 37. | This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for **the past week, including today**, select TRUE in the column next to the statement. If the statement does not describe your attitude, select FALSE in the column next to this statement. Please be sure to read each statement carefully.  **[Beck Hopelessness Scale]** |  |
| 37a. | I look forward to the future with hope and enthusiasm. | 1=True  2=False  88=Prefer not to answer |
| 37b. | I might as well give up because there is nothing I can do about making things better for myself. | 1=True  2=False  88=Prefer not to answer |
| 37c. | When things are going badly, I am helped by knowing that they cannot stay that way forever. | 1=True  2=False  88=Prefer not to answer |
| 37d. | I can’t imagine what my life would be like in ten years. | 1=True  2=False  88=Prefer not to answer |
| 37e. | I have enough time to accomplish the things I want to do. | 1=True  2=False  88=Prefer not to answer |
| 37f. | In the future, I expect to succeed in what concerns me most. | 1=True  2=False  88=Prefer not to answer |
| 37g. | My future seems dark to me. | 1=True  2=False  88=Prefer not to answer |
| 37h. | I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. | 1=True  2=False  88=Prefer not to answer |
| 37i. | I just can’t get the breaks, and there’s no reason I will in the future. | 1=True  2=False  88=Prefer not to answer |
| 37j. | My past experiences have prepared me well for the future. | 1=True  2=False  88=Prefer not to answer |
| 37k. | All I can see ahead of me is unpleasantness rather than pleasantness. | 1=True  2=False  88=Prefer not to answer |
| 37l. | I don’t expect to get what I really want. | 1=True  2=False  88=Prefer not to answer |
| 37m. | When I look ahead to the future, I expect that I will be happier than I am now. | 1=True  2=False  88=Prefer not to answer |
| 37n. | Things just won’t work out the way I want them to. | 1=True  2=False  88=Prefer not to answer |
| 37o. | I have great faith in the future. | 1=True  2=False  88=Prefer not to answer |
| 37p. | I never get what I want, so it’s foolish to want anything. | 1=True  2=False  88=Prefer not to answer |
| 37q. | It’s very unlikely that I will get any real satisfaction in the future. | 1=True  2=False  88=Prefer not to answer |
| 37r. | The future seems vague and uncertain to me. | 1=True  2=False  88=Prefer not to answer |
| 37s. | I can look forward to more good times than bad times. | 1=True  2=False  88=Prefer not to answer |
| 37t. | There’s no use in really trying to get anything I want because I probably won’t get it. | 1=True  2=False  88=Prefer not to answer |
| 38. | Based on how you have felt in the last 3 months, please rate the following questions on a 0 to 8 scale, where 0 indicates no impairment at all and 8 indicates very severe impairment.  ***During the past 3 months…***  **[Work and Social Adjustment Scale]**  **PROGRAMMER: Display Q38-38e if age listed on CCDF is over 18. If under 18, skip to Q39.** | ---- |
| 38a. | Because of my mental health, my ability to work is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 38b. | Because of my mental health, my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 38c. | Because of my mental health, my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating, home entertainment) is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 38d. | Because of y mental health, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 38e. | Because of my mental health my ability to form and maintain close relationships with others, including those I live with, is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 39. | The ways people think, feel, or behave sometimes affect their ability to do everyday things.  These things might include doing well in school, completing household chores, relaxing during  free time, and having close relationships with friends and family. We would like you to look at  each of the items below and rate YOURSELF on how much the ways you think, feel, or behave  impair your ability to do each of the everyday things described in the items. By “impair” we  mean “make difficult, harm, or worsen.” An example might be if the ways you think, feel, or  behave create problems for you that get in the way of completing homework assignments or  making friends.  Based on how you have felt in the last 3 months, please rate the following questions on a 0 to 8 scale, where 0 indicates no impairment at all and 8 indicates very severe impairment.  ***During the past 3 months…***  **[Work and Social Adjustment Scale for Youth]**  **PROGRAMMER: Display Q39-39e ONLY if age listed on CCDF is under 18. If over 18, skip to Q40.** |  |
| 39a. | Because of the ways I think, feel, or behave, my ability to do well in school is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 39b. | Because of the ways I think, feel, or behave, my ability to complete household chores (for example, cleaning, tidying, helping with cooking, looking after brothers and sisters) is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 39c. | Because of the ways I think, feel, or behave, my ability to enjoy free time spent with other people outside of school and chores (for example, parties, outings, visits, dating,  having people over at home) is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 39d. | Because of the ways I think, feel, or behave, my ability to enjoy free time spent alone outside of school and chores (for example, reading, hobbies, listening to or playing music, exercise) is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 39e. | Because of the ways I think, feel, or behave, my ability to form and maintain close relationships with other people, including those I live with (for example, parents,  brothers/sisters, friends), is impaired. | [Numeric Scale, 0 to 8]  88=Prefer not to answer |
| 40 | ***In the last 3 months, how often have you been bothered by the following problems?***  **[PHQ-9]** | ---- |
| 40a. | Little interest or pleasure in doing things | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40b. | Feeling down, depressed, or hopeless | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40c. | Trouble falling or staying asleep, or sleeping too much | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40d. | Feeling tired or having little energy | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40e. | Poor appetite or overeating | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40f. | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40g. | Trouble concentrating on things, such as reading the newspaper or watching television | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40h. | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual. | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40i. | Thoughts that you would be better off dead, or of hurting yourself. | 1=Not at all  2=Several days  3=More than half the days  4=Nearly every day  88=Prefer not to answer |
| 40j. | If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?  **PROGRAMMER: Display if at least one response to Q40a-Q40i is ‘Several Days,’ ‘More than Half the Days,’ or ‘Nearly Every Day’.** | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41. | ***In the last 3 months, how often have you been bothered by the following problems?***  **[GAD-7]** | ---- |
| 41a. | Feeling nervous, anxious, or on edge | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41b. | Not being able to stop or control worrying | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41c. | Worrying too much about different things | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41d. | Trouble relaxing | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41e | Being so restless that it is hard to sit still | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41f. | Becoming easily annoyed or irritable | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41g. | Feeling afraid, as if something awful might happen | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 41h. | If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?  **PROGRAMMER: Display if at least one response to Q41a-Q41g is ‘Somewhat Difficult,’ ‘Very Difficult,’ or ‘Extremely Difficult.** | 1=Not difficult at all  2=Somewhat difficult  3=Very difficult  4=Extremely difficult  77=Not Applicable  88=Prefer not to answer |
| 42. | Please select the option below that best describes how often you have felt that way **over the past 3 months.**  **[Dimensions of Anger Reactions]** |  |
| 42a. | I found myself getting angry at people or situations. | 1=Never or almost none of the time  2=Rarely  3=Sometimes  4=Always or almost all of the time  88=Prefer not to answer |
| 42b. | When I got angry, I got really mad. | 1=Never or almost none of the time  2=Rarely  3=Sometimes  4=Always or almost all of the time  88=Prefer not to answer |
| 42c. | When I got angry, I stayed angry. | 1=Never or almost none of the time  2=Rarely  3=Sometimes  4=Always or almost all of the time  88=Prefer not to answer |
| 42d. | When I got angry at someone, I wanted to hit them. | 1=Never or almost none of the time  2=Rarely  3=Sometimes  4=Always or almost all of the time  88=Prefer not to answer |
| 42e. | My anger prevented me from getting along with people as well as I’d have liked to. | 1=Never or almost none of the time  2=Rarely  3=Sometimes  4=Always or almost all of the time  88=Prefer not to answer |
| ---- | **Your Experiences with Substance Use.** The next set of questions will ask you about your experiences and opinions related to alcohol and substance use. As in the previous section, these questions help us learn more about how crisis services support people, whether or not you have personally sought crisis services related to substance use. Please answer the questions below based on your own experiences. | ---- |
| 43. | During the **past 3 months**, have you had a drink that contained alcohol? | 1=Yes **[Continue to Q43a]**  0=No **[Go to Q44]**  88=Prefer not to answer **[Go to Q44]** |
| ---- | Because alcohol use can affect your health, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Select the option below that best describes your answer to each question. For more information about the approximate number of standard drinks in common alcoholic beverages, please review the information below.  **PROGRAMMER: Insert NIH NIAA alcohol graphic.** | ---- |
| ---- | Please answer every question based on your experiences **over the last 3 months**. If you have difficulty with a statement, then choose the response that is mostly right.  **[AUDIT]** | **----** |
| 43a. | How often do you have a drink containing alcohol? | 0=Never **[Go to Q42i]**  1=Monthly or less **[Continue to Q42b]**  2=2-4 times a month **[Continue to Q42b]**  3=2-3 times a week **[Continue to Q42b]**  4=4 or more times a week **[Continue to Q42b]**  77=Not Applicable **[Continue to Q42i]**  88=Prefer not to answer **[Continue to Q42i]** |
| 43b. | How many drinks containing alcohol do you have on a typical day when you are drinking? | 0=1 or 2  1=3 or 4  2=5 or 6  3=7, 8, or 9  4=10 or more  77=Not Applicable  88=Prefer not to answer |
| 43c. | How often do you have six or more drinks on one occasion?  **PROGRAMMER: If ‘1 or 2’ is selected for 42b AND ‘Never’ is selected for 42c, skip to Q42i.** | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43d. | How often have you found that you were not able to stop drinking once you had started? | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43e. | How often have you failed to do what was normally expected of you because of drinking? | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43f. | How often have you needed a first drink in the morning to get yourself going after a heavy drinking session? | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43g. | How often have you had a feeling of guilt or remorse after drinking? | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43h. | How often have you been unable to remember what happened the night before because of your drinking? | 0=Never  1=Less than monthly  2=Monthly  3=Weekly  4=Daily or almost daily  77=Not Applicable  88=Prefer not to answer |
| 43i. | Have you or someone else been injured because of your drinking? | 0=No  1=Yes, but not in the last 3 months  2=Yes, during the last 3 months  77=Not Applicable  88=Prefer not to answer |
| 43j. | Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | 0=No  1=Yes, but not in the last 3 months  2=Yes, during the last 3 months  77=Not Applicable  88=Prefer not to answer |
| ---- | The substances you use can also affect your health. Please answer as correctly and honestly as possible by indicating which answer is right for you.  For these questions, "drug use" refers to (1) the use of prescribed or over-the-counter drugs more than the directions, and (2) any nonmedical use of drugs. This may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages. | ---- |
| 44. | During the past 3 months, have you used drugs other than those required for medical reasons? | 1=Yes **[Continue to Q44a]**  0=No **[Go to Q45/Next Section]**  88=Prefer not to answer **[Go to Q45Next Section]** |
|  | Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.  **During the past 3 months…**  **[DAST]** | ---- |
| 44a. | Did you use more than one drug at a time? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44b. | Have you always able to stop using drugs when you want to? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44c. | Have you had “blackouts” or “flashbacks” as a result of drug use? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44d. | Did you ever feel bad or guilty about your drug use? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44e. | Did your spouse (or parents) ever complain about your involvement with drugs? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44f. | Have you neglected your family because of your use of drugs? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44g. | Have you engaged in illegal activities in order to obtain drugs? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44h. | Have you taken or experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44i. | Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 44j. | During the past 3 months, how often have you used drugs other than alcohol? | 1=Never  2=Monthly or less  3=2-4 times a month  4=2-3 times a week  5=4 or more times a week  77=Not Applicable  88=Prefer not to answer |
| ---- | **About You.** Finally, we’d like to hear about you. Please tell us about yourself.  **PROGRAMMER: QUESTIONS 45-50a SHOULD ONLY BE ASKED AT BASELINE** | ---- |
| 45. | Have you ever been in the United States Armed Forces? | 1=Yes **[Continue to Q45a]**  0=No **[Go to Q46]**  88=Prefer not to answer **[Go to Q46]** |
| 45a. | Are you currently on active duty in the United States Armed Forces, are you in a Reserve component, or are you now separated or retired from the military? | 1=On active duty in the armed forces **[Go to Q45c]**  2=In a reserve component **[Continue to Q45b]**  3=Now separated or retired from the military **[Continue to Q45b]**  77=Not Applicable **[Go to Q46]**  88=Prefer not to answer **[Go to Q46]** |
| 45b. | Have you ever served on active duty in the United States Armed Forces or Reserve components? Active duty does not include training for the Reserves or National Guard, but **does** include activation, for example, for a national emergency or military conflict. | 1=Yes **[Continue to Q45c]**  0=No **[Go to Q46]**  77=Not Applicable **[Go to Q46]**  88=Prefer not to answer **[Go to Q46]** |
| 45c. | Did you ever serve on active duty in the United States Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? | 1=Yes  0=No  77=Not Applicable  88=Prefer not to answer |
| 46. | How old are you? Please enter a whole number. | Open Text (numeric) **[Open ended response]**  88=Prefer not to answer |
| 47. | What is your race and/or ethnicity? Please select all that apply and enter additional details through the follow-up questions on the next screen. | 1=American Indian or Alaska Native. For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.  2=Asian. For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.  3=Black or African American. For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.  4=Hispanic or Latino. For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.  5=Middle Eastern or North African. For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.  6=Native Hawaiian or Pacific Islander. For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.  7=White. For example, English, German, Irish, Italian, Polish, Scottish, etc.  88=Prefer not to answer |
| 47a. | You identified your race and/or ethnicity as American Indian or Alaska Native in the previous question. Please provide additional details on your Tribal affiliation in the textbox.  Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.  **PROGRAMMER: DISPLAY IF Q47 = 1.** | (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47b. | You identified your race and/or ethnicity as Asian in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47 = 2.** | 1=Chinese  2=Asian Indian  3=Filipino  4=Vietnamese  5=Korean  6=Japanese  7=Please provide additional details. Enter, for example, Pakistani, Hmong, Afghan, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47c. | You identified your race and/or ethnicity as Black or African American in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47= 3.** | 1=African American  2=Jamaican  3=Haitian  4=Nigerian  5=Ethiopian  6=Somali  7=Please provide additional details. Enter, for example, Trinidadian and Tobagonian, Ghanian, Congolese, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47d. | You identified your race and/or ethnicity as Hispanic or Latino in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47 = 4.** | 1=Mexican  2=Puerto Rican  3=Salvadoran  4=Cuban  5=Dominican  6=Guatemalan  7=Please provide additional details. Enter, for example, Colombian, Honduran, Spaniard, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47e. | You identified your race and/or ethnicity as Middle Eastern or North African in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47 = 5.** | 1=Lebanese  2=Iranian  3=Egyptian  4=Syrian  5=Iraqi  6=Israeli  7=Please provide additional details. Enter, for example, Moroccan, Yemeni, Kurdish, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47f. | You identified your race and/or ethnicity as Native Hawaiian or Pacific Islander in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47= 6.** | 1=Native Hawaiian  2=Samoan  3=Chamorro  4=Tongan  5=Fijian  6=Marshallese  7=Please provide additional details. Enter, for example, Chuukese, Palauan, Tahitian, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 47g. | You identified your race and/or ethnicity as White in the previous question. Please select all that apply and provide additional details in the textbox.  **PROGRAMMER: DISPLAY IF Q47 = 7.** | 1=English  2=German  3=Irish  4=Italian  5=Polish  6=Scottish  7=Please provide additional details. Enter, for example, French, Swedish, Norwegian, etc. (Open Text)  77=Not Applicable  88=Prefer not to answer |
| 48. | What is your sex? | 1=Male  2=Female |
|  |  |  |
| 49. | Do you speak a language other than English at home? | 1=Yes **[Continue to Q51a]**  0=No **[Go to Q52]**  77=Not Applicable **[Go to Q52]**  88=Prefer not to answer **[Go to Q52]** |
| 50. | What primary language do you speak at home? *Please select all that apply.* | 1=English  2=Spanish  3=Chinese  4=Tagalog (including Filipino)  5=Vietnamese  6=Arabic  7=American Sign Language  8=Other, please specify: **[Open ended response]**  77=Not Applicable  88=Prefer not to answer |
| 51. | In the **past 30 days**, where have you been living most of the time? | 1=Private residence  2=Foster home  3=Residential care  4=Crisis residence  5=Residential treatment center  6=Institutional setting  7=Jail/correctional facility  8=Homeless/shelter  9=Other, please specify:  **[Open ended response]**  88=Prefer not to answer |
| 51a. | In the **past 30 days**, have you been satisfied with the conditions of your living space? | 1=Yes  0=No  88=Prefer not to answer |
| 52. | Did you work at a job or business at any time during the past 30 days? | 1=Yes **[Continue to Q54a]**  0=No **[Go to Q54b]**  88=Prefer not to answer **[Go to Q54b]** |
| 53. | Approximately how many hours did you work **per week** at all jobs or businesses?  **PROGRAMMER:**   * **If answer is 0, skip to Q53d.**   **If answer is 1 or greater, skip to Q54.** | [Numeric Response] **[Open ended response]**  88=Prefer not to answer |
| 53a. | * Even though you did not work at any time during the **last 30 days**, did you have a job or business? | 1=Yes **[Continue to Q54c]**  0=No **[Go to Q54d]**  88=Prefer not to answer **[Go to Q54d]** |
| 53b. | Approximately how many hours per week do you usually work at all jobs or businesses? | [Numeric Response] **[Open ended response]**  88=Prefer not to answer |
| 53c. | Which of these reasons best describe why you did not work within the **past 30 days**? | 1=On vacation/temporary layoff/strike/maternity or family leave  2=Looking for work  3=On layoff  4=Waiting to report to a new job  5=Self-employed and did not have any business in the last 30 days  6=Going to school/training  7=Retired  8=Disabled for work  9=Didn’t want a job  10= Other, please specify:  **[Open ended response]**  88=Prefer not to answer |
| 53d. | Are you now married (or in an unmarried partnership), widowed, divorced, separated, or have you never been married? | 1=Married or Partnered  2=Widowed  3=Divorced or Separated  4=Have Never Married  88=Prefer not to answer |
| 54. | Which of these income groups best represents your annual combined family income?  *Please include all of the people in your household, or that help support you financially.* | 1=$0-$9,999  2=$10,000-$19,999  3=$20,000 - $24,999  4=$25,000 - $29,999  5=$30,000 - $34,999  6=$35,000 - $39,999  7=$40,000 - $44,999  8=$45,000 - $49,999  9=$50,000 - $74,999  10=$75,000 - $99,999  11=$100,000 - $149,999  12=$150,000 or more  88=Prefer not to answer |
| 55. | In which state or territory do you live? | 1-55=Drop-down list of all US states and territories  56=Other, please specify: **[Open ended response]**  88=Prefer not to answer |
| 56. | Thank you for completing this survey! Your experiences and thoughts are important, and we appreciate the time you spent sharing them with us. We will contact you again in about 3 months to complete the next survey. Please click ‘submit’ below to finalize your survey responses and receive your gift card. | ---- |
| ---- |  |  |