
Adult's name

Name of Person Completing Form

Date

FOR OFFICE USE ONLY

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 [1-5]

Family

--	--	--	--

 [6-9]

Person Being
Described

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 [10-13]

Informant

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 [14-15]

Interviewer

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[16-21]

Completion Date

We have asked you many questions in the past about the type of treatment you have received. We would now like to ask you a very few questions about the quality of the health care you have received.

All your responses are confidential.

Q1. Is there one place in particular you usually go to when you are sick or want advice about your health?

- Yes 1
- No 0 [28]
- Not sure 9

Q2. Where do you usually go? Please tell me the MAIN place. (Record one response only)

- Private Doctor's office 01
- Health Maintenance Organization 02
- Municipal/Governmental community clinics 03
- Hospital emergency room 04 [29]
- Hospital based clinic or hospital based doctor's office.... 05
- Other health service (SPECIFY BELOW) 06
- Other walk-in clinic 07
- Don't know 99

IF Q2 IS CODED "06",

A. SPECIFY: _____

Q3. Who do you usually see? Please tell me the MAIN provider. (Record one response only)

- Prepaid health plan provider (HMO etc.) 01
- Family practitioner 02
- Other doctor in private practice 03
- Physician's Assistant 04
- Chiropractor 05 [31]
- Nurse practitioner..... 06
- Religious healer or other non-medical provider 07
- Other provider (SPECIFY BELOW) 08
- No one in particular/different person each time 09
- Don't know 99

IF Q3 IS CODED "08",

A. SPECIFY: _____

Q4. Are you CURRENTLY covered by any type of health insurance, including Blue Cross, Medicaid, Medicare or any other type of insurance?

- 1 Yes 0 No [33]

Q5. Now a question about different kinds of health plans or health insurance, including those provided by the government. As I read each one of the following health plans, please tell me whether or not you are covered by it? (READ LIST)

a. Health insurance or a health plan through school, work or union benefits?
 1 Yes 0 No 9 Don't Know [34]

b. Health insurance or a health plan bought directly by you or another family member?
 1 Yes 0 No 9 Don't Know [35]

c. Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people?
 1 Yes 0 No 9 Don't Know [36]

d. Medicaid or Public Aid?
 1 Yes 0 No 9 Don't Know [37]

e. Health insurance or a health plan through your spouse/mate/partner's work or union?
 1 Yes 0 No 9 Don't Know [38]

f. An HMO or health maintenance organization?
 1 Yes 0 No 9 Don't Know [39]

(Read if necessary: In an HMO, you obtain your health care from a group of medical doctors who work with the plan and only use the hospitals when and where they refer you.)

g. Other (SPECIFY BELOW)1 Yes 0 No [40]

If Q5g is Coded "Yes",
 B. SPECIFY: _____

Q6. Does your insurance coverage include any treatment for mental illness including hospitalization, outpatient treatment, or medication?
 1 Yes 0 No 9 Don't know [41]

If No or Don't know skip to Q10.

Q7. Does your insurance cover hospitalization for mental illness?
 1 Yes 0 No 9 Don't know [42]

If No or Don't know skip to Q8.
 If yes ask: "How much of the cost does it cover"

all 1
 more than half ... 2
 half 3
 less than half ... 4
 Don't know 9
 [43]

Q8. Does your insurance cover outpatient treatment for mental illness?

1 Yes 2 No 9 Don't know [44]

If No or Don't know skip to Q9.

If yes ask: "How much of the cost does it cover"

all 1
 more than half ... 2
 half 3 [45]
 less than half ... 4
 Don't know..... 9

Q9. Do you have a prescription plan or some kind of insurance that covers medications for mental illness?

1 Yes 2 No 9 Don't know [46]

If No or Don't know skip to Q10.

If yes ask: "How much does it cover"

all 1
 more than half ... 2
 half 3 [47]
 less than half ... 4
 Don't know 9

Q10. How would you rate your regular medical doctor on the job he or she is doing? Would you say he or she is doing an excellent, good, fair, or poor job on each of the following? (READ EACH ITEM - if the person has no regular doctor say "on the average how would you rate the doctors you have seen on the job they ... ")

	Excellent	Good	Fair	Poor	Not Sure	
a. Providing you with good health care overall?	1	2	3	4	5	[48]
b. Is knowledgeable and competent to treat your illnesses	1	2	3	4	5	[49]
c. Really cares about you and your health?	1	2	3	4	5	[50]
d. Personally spends enough time with you?	1	2	3	4	5	[51]
e. Makes a special effort to get you to explain your symptoms and problems completely?	1	2	3	4	5	[52]
f. Answers your questions honestly and completely?	1	2	3	4	5	[53]

Q10 cont.

- g. Makes sure you understand what you have been told about your medical problems or medications? 1 2 3 4 5 [54]

- h. Keeps his or her medical fees reasonable? 1 2 3 4 5 [55]

- i. Giving you help when or as quickly as you need it? 1 2 3 4 5 [56]

Q11. How well do you feel your doctor really listens to you -- very well, somewhat well, not very well, or not well at all?

- Very well 1
- Somewhat well 2
- Not very well 3 [57]
- Not well at all 4
- Not sure 9

Q12. In general, how difficult do you find it is to talk to your doctor -- very difficult, somewhat difficult, not very difficult, or not difficult at all?

- Very difficult 1
- Somewhat difficult 2
- Not very difficult 3 [58]
- Not difficult at all 4
- Not sure 9

Q13. Have you had problems or needs which you would have liked to discuss with your doctor but didn't because you or your doctor were uncomfortable about it?

- Yes 1
- No 0 [59]
- Not sure 9

If no skip to Q15.
 If yes or not sure ask:

Q14. What (problem/problems) were you uncomfortable discussing? Were you uncomfortable discussing (ASK EACH ITEM)?

AIDS	1 Yes	0 No	[60]
Alcohol Abuse	1 Yes	0 No	[61]
Drug Abuse	1 Yes	0 No	[62]
Emotional or psychological problems	1 Yes	0 No	[63]
Emotional/physical/sexual abuse from partner/spouse	1 Yes	0 No	[64]
Menstrual problems	1 Yes	0 No	[65]
Problems with parenting/child abuse	1 Yes	0 No	[66]
Rape	1 Yes	0 No	[67]
Sexual problems	1 Yes	0 No	[68]
Marital problems	1 Yes	0 No	[69]
Something else (SPECIFY BELOW).....	1 Yes	0 No	[70]

Q15. How many different doctors for any kind of problem have you seen in the past six months?

|_|_|_|
 Number of Doctors [71]

Q16. How many doctor visits for any kind of problem have you had in the past six months?

|_|_|_|
 Number of visits [73]

Q17. On your last visit, how much time did the doctor spend with you? (Code one response only.)

- More than one hour 1
- About one hour 2 [75]
- 30 - 55 minutes 3
- 20 - 29 minutes 4
- 10 - 19 minutes 5
- less than 10 minutes .. 6
- Not sure 7

Q18. Since you have been an adult, has a doctor ever "talked down" to you or treated you like a child?

- Yes 1
- No 0 [76]
- Not sure ... 3

Q19. Since your have been an adult, has a doctor ever told you that a medical condition you felt you had was "all in your head" ?

- Yes 1
- No 0 [77]
- Not sure ... 3

Q20. Have you ever changed doctors because you were dissatisfied with a doctor?

Yes 1
 No 0 [78]
 Not sure ... 3

If "No" or "Not Sure" skip to Treatment Review below.
 If "Yes" ask:

Q21. The time/times you changed doctors because you were dissatisfied, what was/were the reason(s) ?

Better location	1 Yes	0 No	[79]
Costs too much	1 Yes	0 No	[80]
Couldn't diagnosis the problem	1 Yes	0 No	[81]
Didn't explain enough to me	1 Yes	0 No	[82]
Didn't like him/her	1 Yes	0 No	[83]
Didn't listen to me	1 Yes	0 No	[84]
Didn't spend enough time with me	1 Yes	0 No	[85]
Didn't trust his/her judgement	1 Yes	0 No	[86]
Didn't trust his/her skills/experience	1 Yes	0 No	[87]
Gender/wanted a (woman/man)	1 Yes	0 No	[88]
Had to travel too far	1 Yes	0 No	[89]
Lack of communication	1 Yes	0 No	[90]
Poor quality care	1 Yes	0 No	[91]
Race/ethnicity of physician	1 Yes	0 No	[92]
Too hard to get an appointment	1 Yes	0 No	[93]
Waited too long	1 Yes	0 No	[94]
Condescending	1 Yes	0 No	[95]
Not concerned/interested	1 Yes	0 No	[96]
Sexual advances/ sexualized attitude	1 Yes	0 No	[97]
Some other reason (SPECIFY BELOW).....	1 Yes	0 No	[98]

Treatment Review

Now I am going to be asking you about help you have received in your life for problems such as sadness, depression, or anxiety. This would include times when you were having problems on your job, your marriage or children or maybe you were dissatisfied with how you life was going. For convenience sake, I will be referring to these as "emotional or behavior problems".

When we interviewed you in _____ you mentioned that you have received the following help:

(Read treatment grid provided.)

Is this correct? Have we left anything out? Would you like to change or update any information?

(Record information on blank treatment grid provided.)

If no treatment was noted in the past interview then say: "When we interviewed you didn't mention any treatment. Did we miss any or have you had any treatment since then?"

(Record information on blank treatment grid provided.)

(If treatment is denied ask Q22 and then skip to Q27 pg. 13.)

Q22. Was there a time when you talked to some one like a friend or coworker about problems with your marriage? your children? your job? or feelings you were having?

1 Yes

0 No

[99]

If No skip to Q27. Pg. 13

If Yes ask:

Q22a. Who did you speak to?

Spouse, mate or companion?.....	1 Yes	0 No	[100]
Mother?.....	1 Yes	0 No	[101]
Father?.....	1 Yes	0 No	[102]
Brother?.....	1 Yes	0 No	[103]
Sister?.....	1 Yes	0 No	[104]
Children?.....	1 Yes	0 No	[105]
Other relative?.....	1 Yes	0 No	[106]
Friend?.....	1 Yes	0 No	[107]
Co-worker?.....	1 Yes	0 No	[108]
Boss or supervisor?.....	1 Yes	0 No	[109]
Anyone else?.....	1 Yes	0 No	[110]

Q22b. What did you talk about with?

(Insert the person or people mentioned above.)

Did you talk about with anyone?

Job loss or threat of loss.....	1 Yes	0 No	[111]
Other job difficulties.....	1 Yes	0 No	[112]
Financial problems.....	1 Yes	0 No	[113]
School difficulties.....	1 Yes	0 No	[114]
Personal medical illness.....	1 Yes	0 No	[115]
Increased alcohol/drug abuse.....	1 Yes	0 No	[116]
Mental or medical illness in family member.....	1 Yes	0 No	[117]
Divorce/separation of parents.....	1 Yes	0 No	[118]
Mental or medical illness friend.....	1 Yes	0 No	[119]
Recent child birth.....	1 Yes	0 No	[120]
Difficulties with children.....	1 Yes	0 No	[121]
Children's problems.....	1 Yes	0 No	[122]
Difficulties with spouse/mate/companion.....	1 Yes	0 No	[123]
Spouse's/mate's/companion's problems.....	1 Yes	0 No	[124]
Divorce/breakup with spouse/mate/partner.....	1 Yes	0 No	[125]
Death of someone close.....	1 Yes	0 No	[126]
Move to new setting.....	1 Yes	0 No	[127]
Something bad happened to someone close.....	1 Yes	0 No	[128]

If treatment was denied under the Treatment Review skip to Q27 pg. 13.

Q23. Did you go to any of the following places or receive any of the following types of treatment on this list for emotional or behavior problems or for problems with alcohol or drugs? (Ask the following questions and circle the appropriate response):

* Did insurance pay for any of these services including Medicaid, Medicare, or other insurance?

* How satisfied were with the service(s) you received there? Would you say: Very satisfied? Fairly satisfied? Fairly dissatisfied? Very dissatisfied? Don't know. (If the subject says fairly dissatisfied or very dissatisfied probe for why and record on the next page be sure to be specific about which setting/treatment the subject is referring to.)

<u>Setting</u>	<u>Insurance</u>	<u>Satisfied</u>	
a. emergency room?	YES = 1 --> NO = 0 (if NO skip to b.)	YES = 1 NO = 0	Very Satisfied = 1 [129] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
b. drug or alcohol outpatient?	YES = 1 ----> NO = 0 (if NO skip to c.)	YES = 1 NO = 0	Very Satisfied = 1 [132] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
c. mental health outpatient clinic?	YES = 1 ----> NO = 0 (if NO skip to d.)	YES = 1 NO = 0	Very Satisfied = 1 [135] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
d. social service agency?	YES = 1 ----> NO = 0 (if NO skip to e.)	YES = 1 NO = 0	Very Satisfied = 1 [138] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
e. Family doctor's office?	YES = 1 ----> NO = 0 (if NO skip to f.)	YES = 1 NO = 0	Very Satisfied = 1 [141] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
f. self-help group? eg. AA?	YES = 1 ----> NO = 0 (if NO skip to g.)	YES = 1 NO = 0	Very Satisfied = 1 [144] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9
g. Individual Therapy?	YES = 1 --> NO = 0 (if NO skip to h.)	YES = 1 NO = 0	Very Satisfied = 1 [147] Fairly Satisfied. = 2 Fairly Dissatisfied. = 3 Very Dissatisfied. = 4 Don't know = 9

Now think about the time when you really felt the worst and you went to see someone for help.

Q24. What prompted you to decide to seek treatment?

Record Spontaneous response:

Q24a.	Were you			
	depressed for a long time?...	1 Yes	0 No	[168]
	having trouble at work?.....	1 Yes	0 No	[169]
	having trouble at school?....	1 Yes	0 No	[170]
	having trouble doing			
	housekeeping?.....	1 Yes	0 No	[171]
	crying?.....	1 Yes	0 No	[172]
	having trouble sleeping?.....	1 Yes	0 No	[173]
	losing weight?.....	1 Yes	0 No	[174]
	gaining weight?.....	1 Yes	0 No	[175]
	not enjoying yourself?.....	1 Yes	0 No	[176]
	angry?.....	1 Yes	0 No	[177]
	anxious?.....	1 Yes	0 No	[178]
	thinking of suicide?.....	1 Yes	0 No	[179]
	attempting suicide?.....	1 Yes	0 No	[180]
	fearful you might			
	hurt yourself?.....	1 Yes	0 No	[181]
	fearful you might			
	kill yourself?.....	1 Yes	0 No	[182]
	fearful you might hurt/kill			
	someone else?.....	1 Yes	0 No	[183]
	fearful you might			
	lose control?.....	1 Yes	0 No	[184]

Q24b.	Did you have difficulties with			
	Your spouse/mate/companion...	1 Yes	0 No	[185]
	Your mother.....	1 Yes	0 No	[186]
	Your father.....	1 Yes	0 No	[187]
	Your brother.....	1 Yes	0 No	[188]
	Your sister.....	1 Yes	0 No	[189]
	Your children.....	1 Yes	0 No	[190]
	Other relative(s).....	1 Yes	0 No	[191]
	Parent(s)-in-laws.....	1 Yes	0 No	[192]
	Friends/roommates.....	1 Yes	0 No	[193]
	Co-workers.....	1 Yes	0 No	[194]
	Boss/supervisor.....	1 Yes	0 No	[195]

Q24c.	Did	urge you to get help?			
	Your spouse/mate/companion?..	1 Yes	0 No	[196]	
	Your mother?.....	1 Yes	0 No	[197]	
	Your father?.....	1 Yes	0 No	[198]	
	Your brother?.....	1 Yes	0 No	[199]	
	Your sister?.....	1 Yes	0 No	[200]	
	Your children?.....	1 Yes	0 No	[201]	
	Friend/roommate?.....	1 Yes	0 No	[202]	
	Co-worker?.....	1 Yes	0 No	[203]	
	Boss/supervisor?.....	1 Yes	0 No	[204]	
	Priest/rabbi/minister?.....	1 Yes	0 No	[205]	
	Physician?.....	1 Yes	0 No	[206]	
	Teacher?.....	1 Yes	0 No	[207]	
	Social worker?.....	1 Yes	0 No	[208]	
	Other (specify below).....	1 Yes	0 No	[209]	

Q25. Did you ever

stop going for professional help ?

stop taking medication ?

go for help fewer times than recommended ?

take medication fewer times than recommended ?

1 Yes 0 No [210]

If NO skip to Q27.

If YES ask:

Here are some of the many reasons why you might stop going for professional help. As I read each statement, please say "YES" for those reasons that caused you to stop going for professional help, and "NO" for those that did not cause you to stop going for professional help.

- | | | | | |
|----|---|-------|------|-------|
| a. | The health insurance would not cover any more treatment. (01) | 1 Yes | 0 No | [211] |
| b. | You felt you were well enough that you did not need treatment any more. (02) | 1 Yes | 0 No | [212] |
| c. | The treatment was not helping. (03) | 1 Yes | 0 No | [213] |
| d. | You thought the problem would eventually get better by itself. (04) | 1 Yes | 0 No | [214] |
| e. | It was too expensive. (05) | 1 Yes | 0 No | [215] |
| f. | You were concerned about what others might think. (06) | 1 Yes | 0 No | [216] |
| g. | It took too much time or was inconvenient. (07) | 1 Yes | 0 No | [217] |
| h. | You decided to solve the problem on your own. (08) | 1 Yes | 0 No | [218] |
| i. | You were scared about being put into a hospital or being taken away against your will. (09) | 1 Yes | 0 No | [219] |

Q28. Have there been times when you felt you needed treatment for emotional, family, alcohol or drug problems, but didn't get help?

1 Yes

0 No

[45]

If "Yes" ask: "Could you tell us why you didn't get help?"

If "No" say: "Even though you did not need treatment could you tell us why you might not seek it out if you did need it?"

- | | | | | |
|----|--|-------|------|------|
| a. | Health insurance would not cover this type of treatment. (01) | 1 Yes | 0 No | [46] |
| b. | Help probably would not do any good. (02) | 1 Yes | 0 No | [47] |
| c. | The problem would eventually get better by itself. (03) | 1 Yes | 0 No | [48] |
| d. | Treatment costs too much. (04) | 1 Yes | 0 No | [49] |
| f. | Worry about what others might think. (05) | 1 Yes | 0 No | [50] |
| g. | Treatment takes too much time or is inconvenient. (06) | 1 Yes | 0 No | [51] |
| h. | Problems can be solved without help. (07) | 1 Yes | 0 No | [52] |
| i. | Language problems. (08) | 1 Yes | 0 No | [53] |
| j. | Fear about being put into a hospital or being taken away involuntarily. (09) | 1 Yes | 0 No | [54] |
| k. | Lack of trust in mental health professionals. (10) | 1 Yes | 0 No | [55] |
| l. | Spouse/mate/partner would object. (11) | 1 Yes | 0 No | [56] |
| m. | A family member (other than spouse/mate/partner) would object. (12) | 1 Yes | 0 No | [57] |
| n. | Unfriendly or disrespectful staff. (13) | 1 Yes | 0 No | [58] |
| o. | Transportation problems. (14) | 1 Yes | 0 No | [59] |
| p. | Friend went in the past and it didn't help. (15) | 1 Yes | 0 No | [60] |
| q. | Unsure about where to go for help. (16) | 1 Yes | 0 No | [61] |
| r. | Unable to get an appointment. (17) | 1 Yes | 0 No | [62] |
| s. | Going for treatment would affect your job. (18) | 1 Yes | 0 No | [63] |
| t. | Too busy. (19) | 1 Yes | 0 No | [64] |
| u. | Unable to talk about problems with a stranger. (20) | 1 Yes | 0 No | [65] |

Q28 cont.

- v. Worry that friends might find out. (21) 1 Yes 0 No [66]
- w. Needing someone to stay with children. (22) 1 Yes 0 No [67]
- x. Children might be upset. (23) 1 Yes 0 No [68]
- y. Trouble getting off from work. (24) 1 Yes 0 No [69]
- z. Worry about children being taken away. (25) 1 Yes 0 No [70]
- aa. Religious reasons. (26) 1 Yes 0 No [71]
- bb. Not available (27) 1 Yes 0 No [72]
- cc. Is there any other reason? (28) 1 Yes 0 No [73]

If yes, SPECIFY: _____ |__|__| [74]
 (If the person says denial or denial of the existence of a problem here code 29 in these two boxes. Otherwise just specify what the reason is and leave these two boxes blank.)

You just told me that (list reasons given) might cause you NOT TO GO for professional help for emotional or behavior problems or problems with alcohol or drugs.

Which of these reasons would be the most important reason?

SPECIFY MAIN REASON -----> |__|__| [76]

Can you tell me a little more about why (list reasons given) might cause you NOT TO GO for professional help especially (state main reason given above).

Q29. There are also many reasons why you might not want to take medication for emotional or behavior problems or problems with alcohol or drugs. As I read each statement, please say "YES" for those that would be part of the reason you might NOT TAKE medication and "NO" for those that do not apply. (READ LIST)

- a. Pregnancy (01) 1 Yes 0 No [78]
- b. Fear of becoming addicted (02) 1 Yes 0 No [79]
- c. Worry about the side effects (03) 1 Yes 0 No [80]
- d. Feeling it wouldn't help (04) 1 Yes 0 No [81]
- e. Too expensive (05) 1 Yes 0 No [82]
- f. Not covered by insurance (06) 1 Yes 0 No [83]
- g. Interference with work (07) 1 Yes 0 No [84]
- h. Didn't think it was needed (08) 1 Yes 0 No [85]
- i. Religious reasons (09) 1 Yes 0 No [86]

B. Are you not getting these services because of a lack of insurance coverage?

1 Yes

0 No

[99]

Q32. Are there any of the following mental health services that you would like to have available in your community?

Please tell me which of these they would be. (READ LIST)

- a. More readily available mental health services?..... 1 Yes 0 No [100]
- b. Peer/Group counseling? 1 Yes 0 No [101]
- c. Outpatient clinic? 1 Yes 0 No [102]
- d. More male counselors? 1 Yes 0 No [103]
- e. More female counselors? 1 Yes 0 No [104]
- f. Drug/alcohol counseling at work? 1 Yes 0 No [105]
- g. Mental health counseling at work? 1 Yes 0 No [106]
- h. More readily available self-help groups (like AA)?.. 1 Yes 0 No [107]
- i. Crisis intervention program?... 1 Yes 0 No [108]
- j. Family support services? 1 Yes 0 No [109]
- k. Parenting classes? 1 Yes 0 No [110]
- l. Marital/Partner counseling?... 1 Yes 0 No [111]
- m. More readily available information on medication?... 1 Yes 0 No [112]
- n. Greater access to medication?.. 1 Yes 0 No [113]
- o. Access to different types of psychotherapy?..... 1 Yes 0 No [114]
- p. Counseling for spouse/partner abuse?..... 1 Yes 0 No [115]
- q. AIDS counseling?..... 1 Yes 0 No [116]
- r. More Lesbian/Gay counselors?... 1 Yes 0 No [117]
- s. Long Term Psychotherapy?..... 1 Yes 0 No [118]
- t. Family Doctor counseling?..... 1 Yes 0 No [119]
- u. Other (Specify below)..... 1 Yes 0 No [120]

Q33. People differ a lot in their feelings about professional help for emotional or behavioral problems. If a friend of yours had an emotional or behavior problem, would you definitely recommend that she/he go for professional help, probably recommend that she/he go for professional help, or definitely not recommend that she/he go for professional help:

- Definitely recommend 1
- Probably recommend 2
- Probably not recommend 3 [121]
- Definitely not recommend 4
- Don't know 9

