

SERVICES (SR)

*SR1. INTERVIEWER CHECKPOINT: (SEE *SCS1, *D87, *IR71, *PD65, *SO39, *AG38, *G59, *IED33, *SD13, *SD26)

- *SCS1 EQUALS '1', OR *D87 EQUALS '1' OR *IR71 EQUALS '1'
- OR *PD65 EQUALS '1' OR *SO39 EQUALS '1',
- OR *AG38 EQUALS '1' OR *G59 EQUALS '1' OR *IED33 EQUALS '1' OR
- *SD13 EQUALS '1' OR *SD26 EQUALS '1' 1 GO TO *SR3
- ALL OTHERS 2

*SR2. Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health, or your use of alcohol or drugs?

- YES 1
- NO 5 GO TO *SR9.01
- DON'T KNOW 8 GO TO *SR9.01
- REFUSED 9 GO TO *SR9.01

*SR3. [IF *SR1 EQUALS '1': Earlier in the interview you mentioned being hospitalized for problems with your emotions, nerves or mental health.] How many times in your lifetime has this occurred?

_____ TIMES

- DON'T KNOW 998
- REFUSED 999

*SR4. INTERVIEWER CHECKPOINT (SEE *SR3)

- *SR3 EQUALS '1' 1
- ALL OTHERS 2 GO TO *SR6

*SR5a. Was this in the past month, past six months, past year, or more than a year ago?

- PAST MONTH 1 GO TO *SR5c
- PAST SIX MONTHS 2 GO TO *SR5c
- PAST YEAR 3 GO TO *SR5c
- MORE THAN A YEAR AGO 4
- DON'T KNOW 8
- REFUSED 9

*SR5b. How old were you at the time of this admission?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

*SR5c. How much time did you stay in the hospital during this admission?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS2 MONTHS.....3 YEARS 4

DON'T KNOW 998

REFUSED 999

GO TO *SR9.01

*SR6. How much time did you spend in the hospital [altogether on those (NUMBER FROM *SR3) occasions]?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS ... 1 WEEKS 2 MONTHS ... 3 YEARS 4

DON'T KNOW 998

REFUSED 999

*SR7. How old were you at the time of your first admission?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

*SR8. In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves or mental health (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

YES 1 **GO TO *SR9**

NO 5

DON'T KNOW 8

REFUSED 9

*SR8a. How old were you at the time of your most recent admission for any of these problems?

_____ YEARS OLD **GO TO *SR9.01**

DON'T KNOW 998 **GO TO *SR9.01**

REFUSED 999 **GO TO *SR9.01**

*SR9. How many days did you stay in the hospital for these problems in the past 12 months?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

DON'T KNOW 998

REFUSED 999

*SR9.01. INTERVIEW CHECKPOINT: (SEE *SCS1.0)

IS PART OF SERVICES SAMPLE.....1 GO TO *SR14a
ALL OTHERS.....2

*SR9.1 Did you ever use an internet support group or chat room to get help for problems with your emotions or nerves?

YES.....1
NO.....5 GO TO *SR10
DON'T KNOW.....8 GO TO *SR10
REFUSED.....9 GO TO *SR10

*SR9.1a. When was the last time – in the past month, past six months, past year, or more than a year ago?

PAST MONTH.....1
PAST SIX MONTHS2
PAST YEAR.....3
MORE THAN A YEAR AGO.....4 GO TO *SR10
DON'T KNOW.....8 GO TO *SR10
REFUSED.....9 GO TO *SR10

*SR9.1b. In the past 12 months, how many times did you use an internet support group or chat room for problems with your emotions or nerves?

_____ TIMES

DON'T KNOW..... 998
REFUSED..... 999

*SR10. (IF *SR9.1 EQUALS '1': Not counting the internet support group,) Did you ever in your life go to a self-help group for help with your emotions or nerves?

YES.....1
NO.....5 GO TO *SR11
DON'T KNOW.....8 GO TO *SR11
REFUSED.....9 GO TO *SR11

*SR10a. How old were you the first time (you went to a self-help group for any of these problems)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

*SR10b. When was the last time – in the past month, past six months, past year, or more than a year ago?

PAST MONTH.....1
PAST SIX MONTHS2
PAST YEAR.....3
MORE THAN A YEAR AGO.....4 GO TO *SR11
DON'T KNOW.....8 GO TO *SR11
REFUSED.....9 GO TO *SR11

*SR10c. In the past 12 months, how many times did you go to a self-help group meeting?

_____ TIMES

DON'T KNOW..... 998
REFUSED..... 999

*SR11. Did you ever use a hotline for problems with your emotions or nerves?

YES..... 1
NO..... 5 **GO TO *SR12**
DON'T KNOW..... 8 **GO TO *SR12**
REFUSED..... 9 **GO TO *SR12**

*SR11a. How old were you the first time (you used a hotline for any of these problems)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

*SR11b. When was the last time – in the past month, past six months, past year, or more than a year ago?

PAST MONTH..... 1
PAST SIX MONTHS 2
PAST YEAR..... 3
MORE THAN A YEAR AGO..... 4 **GO TO *SR12**
DON'T KNOW..... 8 **GO TO *SR12**
REFUSED..... 9 **GO TO *SR12**

*SR11c. In the past 12 months, how many times did you use a hotline?

_____ TIMES

DON'T KNOW..... 998
REFUSED..... 999

*SR12. Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?

YES..... 1
NO..... 5 **GO TO *SR13**
DON'T KNOW..... 8 **GO TO *SR13**
REFUSED..... 9 **GO TO *SR13**

*SR12a. How old were you the first time (you had a session of psychological counseling or therapy)?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

***SR13.** Did you ever get a prescription or medicine for your emotions, nerves or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use) from any type of professional?

YES 1
NO 5 **GO TO *SR14**
DON'T KNOW 8 **GO TO *SR14**
REFUSED 9 **GO TO *SR14**

***SR13a.** How old were you the first time (you were given this sort of prescription or medicine)?

_____ YEARS OLD

DON'T KNOW.....998
REFUSED.....999

***SR14.** INTERVIEWER CHECKPOINT: (SEE ***D72**, ***IR56**, ***PD50**, ***SO25**, ***AG24**, ***G44**, ***IED29**, ***SD12**, ***SD25**)

***D72** EQUALS '1' OR ***IR56** EQUALS '1' OR ***PD50** EQUALS '1' OR
***SO25** EQUALS '1' OR ***AG24** EQUALS '1', OR ***G44** EQUALS '1' OR
***IED29** EQUALS '1' OR ***SD12** EQUALS '1' OR ***SD25** EQUALS '1' 1
ALL OTHERS 2

GO TO *SR15

*SR14a. INTERVIEWER CHECKPOINT: (SEE *D72.1, *IR56.1, *PD50.1, *SO25.1, *AG24.1, *G44.1
 *IED29.1, *SCS6g, *SCS2a, *SCS2b, *SCS2c, *SCS2d, *SCS2e, *SCS2f,
 *SCS2g, *SCS2h, *SCS2i, *SCS2j, *SCS10a)

*D72.1 EQUALS '1' OR *IR56.1 EQUALS '1' OR *PD50.1 EQUALS '1'
 OR *SO25.1 EQUALS '1' OR *AG24.1 EQUALS '1' OR *G44.1 EQUALS '1' OR
 *IED29.1 EQUALS '1' OR *SCS6g EQUALS '1'
 *SCS2a EQUALS '1' OR *SCS10a EQUALS '1'1 GO TO *SR19

*D72.1 EQUALS '2', '3', OR *IR56.1 EQUALS '2', '3', OR *PD50.1 EQUALS '2', '3',
 OR *SO25.1 EQUALS '2', '3', OR *AG24.1 EQUALS '2', '3', OR
 *G44.1 EQUALS '2', '3', OR *IED29.1 EQUALS '2', '3', OR
 *SCS6g EQUALS '2', '3' OR *SCS2b EQUALS '1' OR *SCS2c EQUALS '1'
 OR *SCS10a EQUALS '2', '3'2 GO TO *SR27

*D72.1 EQUALS '4' OR *IR56.1 EQUALS '4' OR *PD50.1 EQUALS '4'
 OR *SO25.1 EQUALS '4' OR *AG24.1 EQUALS '4' OR
 *G44.1 EQUALS '4' OR *IED29.1 EQUALS '4' OR
 *SCS6g EQUALS '4' OR *SCS2d EQUALS '1' OR *SCS10a EQUALS '4'3 GO TO *SR40

*D72.1 EQUALS '5' OR *IR56.1 EQUALS '5' OR *PD50.1 EQUALS '5'
 OR *SO25.1 EQUALS '5' OR *AG24.1 EQUALS '5' OR
 *G44.1 EQUALS '5' OR *IED29.1 EQUALS '5' OR
 *SCS6g EQUALS '5' OR *SCS2e EQUALS '1'4 GO TO *SR48

*D72.1 EQUALS '6' OR *IR56.1 EQUALS '6' OR *PD50.1 EQUALS '6'
 OR *SO25.1 EQUALS '6' OR *AG24.1 EQUALS '6' OR
 *G44.1 EQUALS '6' OR *IED29.1 EQUALS '6' OR
 *SCS6g EQUALS '6' OR *SCS2f EQUALS '1'5 GO TO *SR57

*D72.1 EQUALS '7' OR *IR56.1 EQUALS '7' OR *PD50.1 EQUALS '7'
 OR *SO25.1 EQUALS '7' OR *AG24.1 EQUALS '7' OR
 *G44.1 EQUALS '7' OR *IED29.1 EQUALS '7' OR
 *SCS6g EQUALS '7' OR *SCS2g EQUALS '1' OR *SCS10a EQUALS '7'6 GO TO *SR66

*D72.1 EQUALS '8' OR *IR56.1 EQUALS '8' OR *PD50.1 EQUALS '8'
 OR *SO25.1 EQUALS '8' OR *AG24.1 EQUALS '8' OR
 *G44.1 EQUALS '8' OR *IED29.1 EQUALS '8' OR
 *SCS6g EQUALS '8' OR *SCS2h EQUALS '1' OR *SCS10a EQUALS '8'7 GO TO *SR74

*D72.1 EQUALS '9' OR *IR56.1 EQUALS '9' OR *PD50.1 EQUALS '9'
 OR *SO25.1 EQUALS '9' OR *AG24.1 EQUALS '9' OR
 *G44.1 EQUALS '9' OR *IED29.1 EQUALS '9' OR
 *SCS6g EQUALS '9' OR *SCS2i EQUALS '1'8 GO TO *SR87

*D72.1 EQUALS '10' OR *IR56.1 EQUALS '10' OR *PD50.1 EQUALS '10'
 OR *SO25.1 EQUALS '10' OR *AG24.1 EQUALS '10' OR
 *G44.1 EQUALS '10' OR *IED29.1 EQUALS '10' OR
 *SCS6g EQUALS '10' OR *SCS2j EQUALS '1' OR *SCS10a EQUALS '10'9 GO TO *SR100

ALL OTHERS.....10 GO TO *SR128

*SR15. INTERVIEWER CHECKPOINT (SEE *SR1, *SR14, *SR12, *SR13)

*SR1 EQUALS '1' OR *SR14 EQUALS '1' OR *SR12 EQUALS '1' OR
*SR13 EQUALS '1' 1 GO TO *SR17
ALL OTHERS 2

*SR16. (RB, PG 19) Did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions, nerves, or your use of alcohol or drugs?

YES..... 1
NO..... 5 GO TO *SR18
DON'T KNOW..... 8 GO TO *SR18
REFUSED..... 9 GO TO *SR18

*SR17. (IF *SR16 EQUALS '1': Which ones? Just give me the letters. PROBE: Any other? / ALL OTHERS: (RB, PG 19) which of the following types of professionals did you ever see about problems with your emotions or nerves or your use of alcohol or drugs? Just give me the letters.

(PROBE: Any others?)

RECORD ALL MENTIONS

A. PSYCHIATRIST..... 1
B. GENERAL PRACTITIONER OR FAMILY DOCTOR 2
C. ANY OTHER MEDICAL DOCTOR, LIKE A CARDIOLOGIST OR
(WOMEN: GYNECOLOGIST / MEN: UROLOGIST) 3
D. PSYCHOLOGIST..... 4
E. SOCIAL WORKER..... 5
F. COUNSELOR..... 6
G. ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST
OR MENTAL HEALTH NURSE..... 7
H. A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESIONAL..... 8
I. A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, PASTOR, RABBI . 9
J. ANY OTHER HEALER, LIKE AN HERBALIST, DOCTOR OF ORIENTAL MEDICINE,
CHIROPRACTOR, SPIRITUALIST..... 10
K. DON'T KNOW..... 11
L. REFUSED..... 12

*SR18. INTERVIEWER CHECKPOINT: (SEE *SR14a, *SR17)

| | | |
|--|----|--------------|
| *SR14a EQUALS '1' OR *SR17 EQUALS '1' | 1 | GO TO *SR19 |
| *SR14a EQUALS '2' OR *SR17 EQUALS '2' OR *SR17 EQUALS '3' | 2 | GO TO *SR27 |
| *SR14a EQUALS '3' OR *SR17 EQUALS '4' | 3 | GO TO *SR40 |
| *SR14a EQUALS '4' OR *SR17 EQUALS '5' | 4 | GO TO *SR48 |
| *SR14a EQUALS '5' OR *SR17 EQUALS '6' | 5 | GO TO *SR57 |
| *SR14a EQUALS '6' OR *SR17 EQUALS '7' | 6 | GO TO *SR66 |
| *SR14a EQUALS '7' OR *SR17 EQUALS '8' | 7 | GO TO *SR74 |
| *SR14a EQUALS '8' OR *SR17 EQUALS '9' | 8 | GO TO *SR87 |
| *SR14a EQUALS '9' OR *SR17 EQUALS '10' | 9 | GO TO *SR100 |
| ALL OTHERS | 10 | GO TO *SR128 |

*SR19. [(IF *SR14a EQUALS '1'): Earlier you mentioned that you talked to a psychiatrist.] How old were you the first time you talked to a psychiatrist about your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*SR20. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

| | | |
|------------------------------|---|-------------|
| PAST MONTH | 1 | GO TO *SR22 |
| TWO – SIX MONTHS AGO..... | 2 | GO TO *SR22 |
| SEVEN – 12 MONTHS AGO. | 3 | GO TO *SR22 |
| MORE THAN 12 MONTHS AGO..... | 4 | |
| DON'T KNOW..... | 8 | GO TO *SR26 |
| REFUSED..... | 9 | GO TO *SR26 |

*SR21. How old were you the last time [you talked to a psychiatrist about your emotions (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or substance use)?]

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

GO TO *SR26

*SR22. How many visits did you make to a psychiatrist in the past 12 months?

_____ VISIT (S)

DON'T KNOW 998 **GO TO *SR23**
REFUSED 999 **GO TO *SR23**

*SR22a. How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW 998
REFUSED 999

***SR23.** In general, how satisfied are you with the treatments and services you received from the psychiatrist in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHIATRIST SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

- VERY SATISFIED..... 1
- SATISFIED..... 2
- NEITHER SATISFIED OR DISSATISFIED 3
- DISSATISFIED 4
- VERY DISSATISFIED 5
- DON'T KNOW 8
- REFUSED..... 9

***SR24.** (RB, BOTTOM OF PG 57) Did the psychiatrist help you a lot, some, a little, or not at all?

- A LOT..... 1
- SOME 2
- A LITTLE..... 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED..... 9

***SR24a.** (RB, PG 57) How would you rate the overall quality of services you received from the psychiatrist?

- POOR 1
- FAIR 2
- NEUTRAL..... 3
- VERY GOOD..... 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

***SR24b.** (RB, BOTTOM OF PG 57) Did the psychiatrist accept you and made you feel understood?

- A LOT 1
- SOME..... 2
- A LITTLE..... 3
- NOT AT ALL..... 4
- DON'T KNOW 8
- REFUSED 9

***SR25.** Have you stopped seeing the psychiatrist or are you still in treatment?

- STOPPED 1
- (IF VOL) STOPPED SEEING ONE PSYCHIATRIST AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR26**
- STILL IN TREATMENT 3 **GO TO *SR26**
- DON'T KNOW 8 **GO TO *SR26**
- REFUSED..... 9 **GO TO *SR26**

***SR25a.** Did you complete the full recommended course of treatment? Or did you quit before the psychiatrist wanted you to stop?

- COMPLETED TREATMENT 1
- QUIT 5
- DON'T KNOW..... 8
- REFUSED..... 9

***SR26. INTERVIEWER CHECKPOINT: (SEE *SR14a, *SR17)**

| | | |
|--|---|--------------|
| *SR14a EQUALS '2' OR *SR17 EQUALS '2' OR *SR17 EQUALS '3' | 1 | |
| *SR14a EQUALS '3' OR *SR17 EQUALS '4' | 2 | GO TO *SR40 |
| *SR14a EQUALS '4' OR *SR17 EQUALS '5' | 3 | GO TO *SR48 |
| *SR14a EQUALS '5' OR *SR17 EQUALS '6' | 4 | GO TO *SR57 |
| *SR14a EQUALS '6' OR *SR17 EQUALS '7' | 5 | GO TO *SR66 |
| *SR14a EQUALS '7' OR *SR17 EQUALS '8' | 6 | GO TO *SR74 |
| *SR14a EQUALS '8' OR *SR17 EQUALS '9' | 7 | GO TO *SR87 |
| *SR14a EQUALS '9' OR *SR17 EQUALS '10' | 8 | GO TO *SR100 |
| ALL OTHERS | 9 | GO TO *SR109 |

***SR27.** [(IF *SR14a EQUALS '2'): Earlier you mentioned that you talked to a medical doctor.] How old were you the first time you talked to (IF *SR14a OR *SR17 EQUALS '1': any other type of medical doctor / ALL OTHERS: a medical doctor) about your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***SR28.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

| | | |
|------------------------------|---|-------------|
| PAST MONTH | 1 | GO TO *SR30 |
| TWO – SIX MONTHS AGO..... | 2 | GO TO *SR30 |
| SEVEN – 12 MONTHS AGO | 3 | GO TO *SR30 |
| MORE THAN 12 MONTHS AGO..... | 4 | |
| DON'T KNOW | 8 | GO TO *SR39 |
| REFUSED..... | 9 | GO TO *SR39 |

***SR29.** How old were you the last time [you talked to a medical doctor (IF *SR14a OR *SR17 EQUALS '1': other than a psychiatrist) about your emotions (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or substance use)]?

_____ YEARS OLD

DON'T KNOW 998
REFUSED..... 999

***SR30.** Did a medical doctor (IF *SR14a OR *SR17 EQUALS '1': other than a psychiatrist) ever recommend that you go to a mental health specialist, clinic or program?

| | | |
|------------------|---|-------------|
| YES..... | 1 | |
| NO..... | 5 | GO TO *SR34 |
| DON'T KNOW | 8 | GO TO *SR34 |
| REFUSED..... | 9 | GO TO *SR34 |

***SR31.** How old were you the first time [a doctor other than (IF *SR14a OR *SR17 EQUALS '1': a psychiatrist) ever referred you to a mental health specialist, clinic or program]?

_____ YEARS OLD

DON'T KNOW 998
REFUSED..... 999

***SR32. INTERVIEWER CHECKPOINT: (SEE *SR28)**

*SR28 EQUALS '1' – '3' 1
ALL OTHERS 2 **GO TO *SR39**

***SR33. Did a (general practitioner / medical doctor) recommend that you go to a mental health specialist, clinic, program in the past 12 months?**

YES..... 1
NO..... 5
DON'T KNOW..... 8
REFUSED..... 9

GO TO *SR35

***SR34. INTERVIEWER CHECKPOINT: (SEE *SR28)**

*SR28 EQUALS '1' – '3' 1
ALL OTHERS 2 **GO TO *SR39**

***SR35. How many visits did you make in the past 12 months to a (general practitioner / medical doctor) (IF *SR14a OR *SR17 EQUALS '1': other than a psychiatrist) where you talked about your emotions (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or substance use)?**

_____ VISIT(S)

DON'T KNOW..... 998 **GO TO *SR36**
REFUSED..... 999 **GO TO *SR36**

***SR35a. How many minutes did (this visit last/ these visits last on average)?**

_____ MINUTES

DON'T KNOW..... 998
REFUSED..... 999

***SR36. In general, how satisfied are you with the treatments and services you received from the (general practitioner / medical doctor) in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?**

INTERVIEWER: IF MORE THAN ONE (GENERAL PRACTITIONER / MEDICAL DOCTOR) SEEN:
ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED..... 1
SATISFIED..... 2
NEITHER SATISFIED OR DISSATISFIED..... 3
DISSATISFIED 4
VERY DISSATISFIED 5
DON'T KNOW 8
REFUSED..... 9

***SR37.** (RB, BOTTOM OF PG 57) Did the (general practitioner / medical doctor) help you a lot, some, a little, or not at all?

- A LOT 1
- SOME 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED 9

***SR37a.** (RB, PG 57) How would you rate the overall quality of services you received from the medical doctor?

- POOR 1
- FAIR 2
- NEUTRAL 3
- VERY GOOD 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

***SR37b.** (RB, BOTTOM OF PG 57) Did the (general practitioner / medical doctor) accept you and made you feel understood?

- A LOT 1
- SOME 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED 9

***SR38.** Have you stopped seeing the (general practitioner / medical doctor) about your emotional (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance) problems or are you still in treatment?

- STOPPED 1
- (IF VOL) STOPPED SEEING ONE DOCTOR
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR39**
- STILL IN TREATMENT 3 **GO TO *SR39**
- DON'T KNOW 8 **GO TO *SR39**
- REFUSED 9 **GO TO *SR39**

***SR38a.** Did you complete the full recommended course of treatment? Or did you quit before the (general practitioner / medical doctor) wanted you to stop?

- COMPLETED TREATMENT 1
- QUIT 5
- DON'T KNOW 8
- REFUSED 9

***SR39.** INTERVIEWER CHECKPOINT: (SEE ***SR14a**, ***SR17**)

- *SR14a** EQUALS '3' OR ***SR17** EQUALS '4' 1
- *SR14a** EQUALS '4' OR ***SR17** EQUALS '5' 2 **GO TO *SR48**
- *SR14a** EQUALS '5' OR ***SR17** EQUALS '6' 3 **GO TO *SR57**
- *SR14a** EQUALS '6' OR ***SR17** EQUALS '7' 4 **GO TO *SR66**
- *SR14a** EQUALS '7' OR ***SR17** EQUALS '8' 5 **GO TO *SR74**
- *SR14a** EQUALS '8' OR ***SR17** EQUALS '9' 6 **GO TO *SR87**
- *SR14a** EQUALS '9' OR ***SR17** EQUALS '10' 7 **GO TO *SR100**
- ALL OTHERS 8 **GO TO *SR109**

***SR40.** [(IF ***SR14a** EQUALS '3'): Earlier you mentioned that you talked to a psychologist.] How old were you the first time you talked to a psychologist about your emotions, nerves, or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

***SR41.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH 1 **GO TO *SR43**

TWO – SIX MONTHS AGO..... 2 **GO TO *SR43**

SEVEN – 12 MONTHS AGO. 3 **GO TO *SR43**

MORE THAN 12 MONTHS AGO..... 4

DON'T KNOW 8 **GO TO *SR47**

REFUSED..... 9 **GO TO *SR47**

***SR42.** How old were you the last time [you talked to a psychologist about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use)]?

_____ YEARS OLD

DON'T KNOW998

REFUSED.....999

GO TO *SR47

***SR43.** How many visits did you make to a psychologist in the past 12 months?

_____ VISIT(S)

DON'T KNOW998 **GO TO *SR44**

REFUSED.....999 **GO TO *SR44**

***SR43a.** How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW998

REFUSED.....999

***SR44.** In general, how satisfied are you with the treatments and services you received from the psychologist in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHOLOGIST SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED..... 1

SATISFIED..... 2

NEITHER SATISFIED OR DISSATISFIED..... 3

DISSATISFIED 4

VERY DISSATISFIED 5

DON'T KNOW 8

REFUSED..... 9

***SR45.** (RB, BOTTOM OF PG 57) Did the psychologist help you a lot, some, a little, or not at all?

- A LOT 1
- SOME 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED 9

***SR45a.** (RB, PG 57) How would you rate the overall quality of services you received from the psychologist?

- POOR 1
- FAIR 2
- NEUTRAL 3
- VERY GOOD 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

***SR45b.** (RB, BOTTOM OF PG 57) Did the psychologist accept you and made you feel understood?

- A LOT 1
- SOME 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED 9

***SR46a.** Have you stopped seeing the psychologist or are you still in treatment?

- STOPPED 1
- (IF VOL) STOPPED SEEING ONE PSYCHOLOGIST
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR47**
- STILL IN TREATMENT 3 **GO TO *SR47**
- DON'T KNOW 8 **GO TO *SR47**
- REFUSED 9 **GO TO *SR47**

***SR46b.** Did you complete the full recommended course of treatment? Or did you quit before the psychologist wanted you to stop?

- COMPLETED TREATMENT 1
- QUIT 5
- DON'T KNOW 8
- REFUSED 9

***SR47.** INTERVIEWER CHECKPOINT: (SEE ***SR14a**, ***SR17**)

- *SR14a** EQUALS '4' OR ***SR17** EQUALS '5' 1
- *SR14a** EQUALS '5' OR ***SR17** EQUALS '6' 2 **GO TO *SR57**
- *SR14a** EQUALS '6' OR ***SR17** EQUALS '7' 3 **GO TO *SR66**
- *SR14a** EQUALS '7' OR ***SR17** EQUALS '8' 4 **GO TO *SR74**
- *SR14a** EQUALS '8' OR ***SR17** EQUALS '9' 5 **GO TO *SR87**
- *SR14a** EQUALS '9' OR ***SR17** EQUALS '10' 6 **GO TO *SR100**
- ALL OTHERS 7 **GO TO *SR109**

***SR48.** [(IF ***SR14a** EQUALS '4'): Earlier you mentioned that you talked to a social worker.] How old were you the first time you talked to a social worker about your emotions, nerves, or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

***SR49.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH 1 **GO TO *SR51**

TWO – SIX MONTHS AGO..... 2 **GO TO *SR51**

SEVEN – 12 MONTHS AGO. 3 **GO TO *SR51**

MORE THAN 12 MONTHS AGO..... 4

DON'T KNOW 8 **GO TO *SR56**

REFUSED 9 **GO TO *SR56**

***SR50.** How old were you the last time [you talked to a social worker about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use)]?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

GO TO *SR56

***SR51.** How many visits did you make to the social worker in the past 12 months?

_____ VISIT(S)

DON'T KNOW998 **GO TO *SR52**

REFUSED999 **GO TO *SR52**

***SR51a.** How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW998

REFUSED999

***SR52.** (RB, PG 20) In which of these locations did you see the social worker?

RECORD ALL MENTIONS

| | |
|--|----|
| A. HOSPITAL EMERGENCY DEPARTMENT..... | 1 |
| B. PSYCHIATRIC OUTPATIENT CLINIC | 2 |
| C. DRUG OR ALCOHOL OUTPATIENT CLINIC..... | 3 |
| D. PRIVATE OFFICE..... | 4 |
| E. SOCIAL SERVICE AGENCY OR DEPARTMENT..... | 5 |
| F. PROGRAM IN JAIL OR PRISON..... | 6 |
| G. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DRUGS | 7 |
| H. CHURCH OR OTHER RELIGIOUS BUILDING..... | 8 |
| I. OTHER (SPECIFY) | 9 |
| DON'T KNOW..... | 98 |
| REFUSED..... | 99 |

***SR53.** In general, how satisfied are you with the treatments and services you received from the social worker in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SOCIAL WORKER SEEN: ASK ABOUT THE ONE R WAS
MOST SATISFIED WITH

| | |
|---|---|
| VERY SATISFIED..... | 1 |
| SATISFIED..... | 2 |
| NEITHER SATISFIED OR DISSATISFIED | 3 |
| DISSATISFIED | 4 |
| VERY DISSATISFIED | 5 |
| DON'T KNOW | 8 |
| REFUSED..... | 9 |

***SR54.** (RB, BOTTOM OF PG 57) Did the social worker help you a lot, some, a little, or not at all?

| | |
|------------------|---|
| A LOT..... | 1 |
| SOME | 2 |
| A LITTLE..... | 3 |
| NOT AT ALL | 4 |
| DON'T KNOW..... | 8 |
| REFUSED..... | 9 |

***SR54a.** (RB, PG 57) How would you rate the overall quality of services you received from the social worker?

| | |
|------------------|---|
| POOR | 1 |
| FAIR | 2 |
| NEUTRAL..... | 3 |
| VERY GOOD..... | 4 |
| EXCELLENT | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR54b.** (RB, BOTTOM OF PG 57) Did the social worker accept you and made you feel understood?

| | |
|------------------|---|
| A LOT | 1 |
| SOME..... | 2 |
| A LITTLE..... | 3 |
| NOT AT ALL..... | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR55.** Have you stopped seeing the social worker or are you still in treatment?

- STOPPED1
- (IF VOL) STOPPED SEEING ONE SOCIAL WORKER
AND IN TREATMENT WITH ANOTHER2 **GO TO *SR56**
- STILL IN TREATMENT3 **GO TO *SR56**
- DON'T KNOW8 **GO TO *SR56**
- REFUSED9 **GO TO *SR56**

***SR55a.** Did you complete the full recommended course of treatment? Or did you quit before the social worker wanted you to stop?

- COMPLETED TREATMENT 1
- QUIT 5
- DON'T KNOW 8
- REFUSED9

***SR56.** INTERVIEWER CHECKPOINT: (SEE ***SR14a**, ***SR17**)

- *SR14a** EQUALS '6' OR ***SR17** EQUALS '6' 1
- *SR14a** EQUALS '7' OR ***SR17** EQUALS '7' 2 **GO TO *SR66**
- *SR14a** EQUALS '8' OR ***SR17** EQUALS '8' 3 **GO TO *SR74**
- *SR14a** EQUALS '9' OR ***SR17** EQUALS '9' 4 **GO TO *SR87**
- *SR14a** EQUALS '10' OR ***SR17** EQUALS '10' 5 **GO TO *SR100**
- ALL OTHERS 6 **GO TO *SR109**

***SR57.** [(IF ***SR14a** EQUALS '5'): Earlier you mentioned that you talked to a counselor.] How old were you the first time you talked to a counselor about your emotions, nerves, or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW998
- REFUSED999

***SR58.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH 1 **GO TO *SR60**
- TWO – SIX MONTHS AGO 2 **GO TO *SR60**
- SEVEN – 12 MONTHS AGO. 3 **GO TO *SR60**
- MORE THAN 12 MONTHS AGO 4
- DON'T KNOW 8 **GO TO *SR65**
- REFUSED 9 **GO TO *SR65**

***SR59.** How old were you the last time [you talked to a counselor about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use)]?

_____ YEARS OLD

- DON'T KNOW998
- REFUSED999

GO TO *SR65

***SR60.** How many visits did you make to a counselor in the past 12 months?

_____ VISIT(S)

DON'T KNOW 998 **GO TO *SR61**
REFUSED 999 **GO TO *SR61**

***SR60a.** How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW 998
REFUSED 999

***SR61.** (RB, PG 20) In which of these locations did you see the counselor?

RECORD ALL MENTIONS

- A. HOSPITAL EMERGENCY DEPARTMENT 1
 - B. PSYCHIATRIC OUTPATIENT CLINIC 2
 - C. DRUG OR ALCOHOL OUTPATIENT CLINIC 3
 - D. PRIVATE OFFICE 4
 - E. SOCIAL SERVICE AGENCY OR DEPARTMENT 5
 - F. PROGRAM IN JAIL OR PRISON 6
 - G. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DRUGS 7
 - H. CHURCH OR OTHER RELIGIOUS BUILDING 8
 - I. OTHER (SPECIFY) 9
- DON'T KNOW 98
REFUSED 99

***SR62.** In general, how satisfied are you with the treatments and services you received from the counselor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE COUNSELOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

- VERY SATISFIED 1
- SATISFIED 2
- NEITHER SATISFIED OR DISSATISFIED 3
- DISSATISFIED 4
- VERY DISSATISFIED 5
- DON'T KNOW 8
- REFUSED 9

***SR63.** (RB, BOTTOM OF PG 57) Did the counselor help you a lot, some, a little, or not at all?

- A LOT 1
- SOME 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED 9

*SR63a. (RB, PG 57) How would you rate the overall quality of services you received from the counselor?

- POOR 1
- FAIR 2
- NEUTRAL..... 3
- VERY GOOD 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

*SR63b. (RB, BOTTOM OF PG 57) Did the counselor accept you and made you feel understood?

- A LOT 1
- SOME..... 2
- A LITTLE..... 3
- NOT AT ALL..... 4
- DON'T KNOW 8
- REFUSED 9

*SR64. Have you stopped seeing a counselor or are you still in treatment?

- STOPPED1
- (IF VOL) STOPPED SEEING ONE COUNSELOR
AND IN TREATMENT WITH ANOTHER2 **GO TO *SR65**
- STILL IN TREATMENT.....3 **GO TO *SR65**
- DON'T KNOW8 **GO TO *SR65**
- REFUSED9 **GO TO *SR65**

*SR64a. Did you complete the full recommended course of treatment? Or did you quit before the counselor wanted you to stop?

- COMPLETED TREATMENT..... 1
- QUIT 5
- DON'T KNOW 8
- REFUSED 9

*SR65. INTERVIEWER CHECKPOINT: (SEE *SR14a, *SR17)

- *SR14a EQUALS '6' OR *SR17 EQUALS '7' 1
- *SR14a EQUALS '7' OR *SR17 EQUALS '8' 2 **GO TO *SR74**
- *SR14a EQUALS '8' OR *SR17 EQUALS '9' 3 **GO TO *SR87**
- *SR14a EQUALS '9' OR *SR17 EQUALS '10' 4 **GO TO *SR100**
- ALL OTHERS 5 **GO TO *SR109**

*SR66. [(IF *SR14a EQUALS '6'): Earlier you mentioned that you talked to (IF *SR14a EQUALS '1', '4', '5', OR '6', OR *SR17 EQUALS '1', '4', '5' OR '6': any other type of mental health professional, like a psychotherapist or mental health nurse/ ALL OTHERS: a mental health professional).] How old were you the first time you talked to (IF *SR14a EQUALS '1', '4', '5', OR '6', OR *SR17 EQUALS '1', '4', '5' OR '6': any other type of mental health professional, like a psychotherapist or mental health nurse/ ALL OTHERS: a mental health professional) about your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW998
- REFUSED.....999

***SR67.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH 1 **GO TO *SR69**
 - TWO – SIX MONTHS AGO..... 2 **GO TO *SR69**
 - SEVEN – 12 MONTHS AGO. 3 **GO TO *SR69**
 - MORE THAN 12 MONTHS AGO..... 4
 - DON'T KNOW..... 8 **GO TO *SR73**
 - REFUSED..... 9 **GO TO *SR73**
-

***SR68.** How old were you the last time?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED..... 999

GO TO *SR73

***SR69.** How many visits did you make to this professional in the past 12 months?

_____ VISIT(S)

- DON'T KNOW 998 **GO TO *SR70**
- REFUSED..... 999 **GO TO *SR70**

***SR69a.** How many minutes did (this visit last/ these visits) last on average?

_____ MINUTES

- DON'T KNOW 998
 - REFUSED..... 999
-

***SR70.** In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

- VERY SATISFIED 1
 - SATISFIED..... 2
 - NEITHER SATISFIED OR DISSATISFIED 3
 - DISSATISFIED 4
 - VERY DISSATISFIED..... 5
 - DON'T KNOW 8
 - REFUSED..... 9
-

***SR71.** (RB, BOTTOM OF PG 57) Did this professional help you a lot, some, a little, or not at all?

- A LOT 1
- SOME..... 2
- A LITTLE 3
- NOT AT ALL 4
- DON'T KNOW 8
- REFUSED..... 9

***SR71a.** (RB, PG 57) How would you rate the overall quality of services you received from this professional?

- POOR 1
- FAIR 2
- NEUTRAL..... 3
- VERY GOOD 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

***SR71b.** (RB, BOTTOM OF PG 57) Did this professional accept you and made you feel understood?

- A LOT 1
- SOME..... 2
- A LITTLE..... 3
- NOT AT ALL..... 4
- DON'T KNOW 8
- REFUSED 9

***SR72.** Have you stopped seeing this mental health professional or are you still in treatment?

- STOPPED1
- (IF VOL) STOPPED SEEING ONE MENTAL HEALTH PROFESSIONAL AND IN TREATMENT WITH ANOTHER.....2 **GO TO *SR73**
- STILL IN TREATMENT.....3 **GO TO *SR73**
- DON'T KNOW8 **GO TO *SR73**
- REFUSED9 **GO TO *SR73**

***SR72a.** Did you complete the full recommended course of treatment? Or did you quit before the mental health professional wanted you to stop?

- COMPLETED TREATMENT..... 1
- QUIT 5
- DON'T KNOW 8
- REFUSED..... 9

***SR73.** INTERVIEWER CHECKPOINT: (SEE ***SR14a**, ***SR17**)

- *SR14a** EQUALS '7' OR ***SR17** EQUALS '8' 1
- *SR14a** EQUALS '8' OR ***SR17** EQUALS '9' 2 **GO TO *SR87**
- *SR14a** EQUALS '9' OR ***SR17** EQUALS '10' 3 **GO TO *SR100**
- ALL OTHERS 4 **GO TO *SR109**

***SR74.** [(IF ***SR14a** EQUALS '7'): Earlier you mentioned that you talked to a nurse, occupational therapist, or other non-MD health professional.] How old were you the first time you talked to a nurse, occupational therapist, or other non-MD health professional about your emotions, nerves, or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

***SR75.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH 1 **GO TO *SR77**
 - TWO – SIX MONTHS AGO..... 2 **GO TO *SR77**
 - SEVEN – 12 MONTHS AGO..... 3 **GO TO *SR77**
 - MORE THAN 12 MONTHS AGO..... 4
 - DON'T KNOW 8 **GO TO *SR86**
 - REFUSED..... 9 **GO TO *SR86**
-

***SR76.** How old were you the last time?

_____ YEARS OLD

- DON'T KNOW 998
 - REFUSED 999
-

***SR77.** Did a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program?

- YES 1
 - NO..... 5 **GO TO *SR81**
 - DON'T KNOW 8 **GO TO *SR81**
 - REFUSED 9 **GO TO *SR81**
-

***SR78.** How old were you the first time (a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program)?

_____ YEARS OLD

- DON'T KNOW 998
 - REFUSED 999
-

***SR79.** INTERVIEWER CHECKPOINT: (SEE ***SR75**)

- *SR75** EQUALS '1' – '3' 1
 - ALL OTHERS 2 **GO TO *SR86**
-

***SR80.** Did a nurse, occupational therapist, or other non-MD health professional recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

- YES..... 1
- NO..... 5
- DON'T KNOW 8
- REFUSED..... 9

GO TO *SR82

***SR81.** INTERVIEWER CHECKPOINT: (SEE ***SR75**)

- *SR75** EQUALS '1' – '3' 1
- ALL OTHERS 2 **GO TO *SR86**

***SR82.** How many visits did you make to a nurse, occupational therapist, or other non-MD health professional in the past 12 months?

_____ VISIT(S)

DON'T KNOW 998 **GO TO *SR83**
REFUSED 999 **GO TO *SR83**

***SR82a.** How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW 998
REFUSED 999

***SR83.** In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED 1
SATISFIED 2
NEITHER SATISFIED OR DISSATISFIED 3
DISSATISFIED 4
VERY DISSATISFIED 5
DON'T KNOW 8
REFUSED 9

***SR84.** (RB, BOTTOM OF PG 57) Did this professional help you a lot, some, a little, or not at all?

A LOT 1
SOME 2
A LITTLE 3
NOT AT ALL 4
DON'T KNOW 8
REFUSED 9

***SR84a.** (RB, PG 57) How would you rate the overall quality of services you received from this professional?

POOR 1
FAIR 2
NEUTRAL 3
VERY GOOD 4
EXCELLENT 5
DON'T KNOW 8
REFUSED 9

***SR84b.** (RB, BOTTOM OF PG 57) Did this professional accept you and made you feel understood?

A LOT 1
SOME 2
A LITTLE 3
NOT AT ALL 4
DON'T KNOW 8
REFUSED 9

***SR85.** Have you stopped seeing this professional or are you still in treatment?

- STOPPED..... 1
- (IF VOL) STOPPED SEEING ONE NON-MD HEALTH PROFESSIONAL AND IN TREATMENT WITH ANOTHER..... 2 **GO TO *SR86**
- STILL IN TREATMENT..... 3 **GO TO *SR86**
- DON'T KNOW..... 8 **GO TO *SR86**
- REFUSED..... 9 **GO TO *SR86**

***SR85a.** Did you complete the full recommended course of treatment? Or did you quit before the health professional wanted you to stop?

- COMPLETED TREATMENT..... 1
- QUIT..... 5
- DON'T KNOW..... 8
- REFUSED..... 9

***SR86.** INTERVIEWER CHECKPOINT: (SEE ***SR14a**, ***SR17**)

- *SR14a** EQUALS '8' OR ***SR17** EQUALS '9'..... 1
- *SR14a** EQUALS '9' OR ***SR17** EQUALS '10'..... 2 **GO TO *SR100**
- ALL OTHERS..... 3 **GO TO *SR109**

***SR87.** [(IF ***SR14a** EQUALS '8'): Earlier you mentioned that you talked to a spiritual advisor.] How old were you the first time you talked to a spiritual advisor about your emotions, nerves, or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

- DON'T KNOW..... 998
- REFUSED..... 999

***SR88.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH..... 1 **GO TO *SR90**
- TWO – SIX MONTHS AGO..... 2 **GO TO *SR90**
- SEVEN – 12 MONTHS AGO..... 3 **GO TO *SR90**
- MORE THAN 12 MONTHS AGO..... 4
- DON'T KNOW..... 8 **GO TO *SR99**
- REFUSED..... 9 **GO TO *SR99**

***SR89.** How old were you the last time [you talked to a spiritual advisor about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use)]?

_____ YEARS OLD

- DON'T KNOW..... 998
- REFUSED..... 999

***SR90.** Did a spiritual advisor ever recommend that you go to a mental health specialist, clinic or program?

- YES..... 1
- NO..... 5 **GO TO *SR94**
- DON'T KNOW..... 8 **GO TO *SR94**
- REFUSED..... 9 **GO TO *SR94**

***SR91.** How old were you the first time (a spiritual advisor ever referred you to a mental health specialist, clinic or program)?

_____ YEARS OLD

DON'T KNOW998

REFUSED999

***SR92.** INTERVIEWER CHECKPOINT: (SEE ***SR88**)

***SR88** EQUALS '1' – '3' 1

ALL OTHERS2 **GO TO *SR99**

***SR93.** Did a spiritual advisor recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES 1

NO 5

DON'T KNOW 8

REFUSED 9

GO TO *SR95

***SR94.** INTERVIEWER CHECKPOINT: (SEE ***SR88**)

***SR88** EQUALS '1' – '3' 1

ALL OTHERS2 **GO TO *SR99**

***SR95.** How many visits did you make to a spiritual advisor in the past 12 months?

_____ VISIT(S)

DON'T KNOW998 **GO TO *SR96**

REFUSED999 **GO TO *SR96**

***SR95a.** How many minutes did (this visit last/ these visits) last on average?

_____ MINUTES

DON'T KNOW998

REFUSED999

***SR96.** In general, how satisfied are you with the treatments and services you received from the spiritual advisor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SPIRITUAL ADVISOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED1

SATISFIED2

NEITHER SATISFIED OR DISSATISFIED3

DISSATISFIED4

VERY DISSATISFIED5

DON'T KNOW8

REFUSED9

*SR97. (RB, BOTTOM OF PG 57) Did the spiritual advisor help you a lot, some, a little, or not at all?

- A LOT..... 1
- SOME 2
- A LITTLE..... 3
- NOT AT ALL 4
- DON'T KNOW..... 8
- REFUSED..... 9

*SR97a. (RB, PG 57) How would you rate the overall quality of services you received from the spiritual advisor?

- POOR 1
- FAIR 2
- NEUTRAL..... 3
- VERY GOOD..... 4
- EXCELLENT 5
- DON'T KNOW 8
- REFUSED 9

*SR97b. (RB, BOTTOM OF PG 57) Did the spiritual advisor accept you and made you feel understood?

- A LOT 1
- SOME..... 2
- A LITTLE..... 3
- NOT AT ALL..... 4
- DON'T KNOW 8
- REFUSED 9

*SR98. Have you stopped seeing the spiritual advisor or are you still in treatment?

- STOPPED 1
- (IF VOL) STOPPED SEEING ONE SPIRITUAL ADVISOR
AND IN TREATMENT WITH ANOTHER 2 **GO TO *SR99**
- STILL IN TREATMENT..... 3 **GO TO *SR99**
- DON'T KNOW 8 **GO TO *SR99**
- REFUSED 9 **GO TO *SR99**

*SR98a. Did you complete the full recommended course of treatment? Or did you quit before the spiritual advisor wanted you to stop?

- COMPLETED TREATMENT 1
- QUIT 5
- DON'T KNOW 8
- REFUSED 9

*SR99. INTERVIEWER CHECKPOINT: (SEE *SR14a, *SR17)

- *SR14a EQUALS '9' OR *SR17 EQUALS '10' 1
- ALL OTHERS 2 **GO TO *SR109**

***SR100.** [(IF *SR14a EQUALS '9'): Earlier you mentioned that you talked to a healer.] How old were you the first time you talked to a healer – such as an herbalist or chiropractor or doctor of oriental medicine or spiritualist – about your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

_____ YEARS OLD

DON'T KNOW998
REFUSED.....999

***SR101.** When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH 1 **GO TO *SR103**
TWO – SIX MONTHS AGO..... 2 **GO TO *SR103**
SEVEN – 12 MONTHS AGO..... 3 **GO TO *SR103**
MORE THAN 12 MONTHS AGO..... 4
DON'T KNOW..... 8 **GO TO *SR109**
REFUSED..... 9 **GO TO *SR109**

***SR102.** How old were you the last time?

_____ YEARS OLD

DON'T KNOW998
REFUSED.....999

GO TO *SR109

***SR103.** How many visits did you make to a healer in the past 12 months?

_____ VISIT(S)

DON'T KNOW998 **GO TO *SR105**
REFUSED.....999 **GO TO *SR105**

***SR104.** How many minutes did (this visit last/ these visits last on average)?

_____ MINUTES

DON'T KNOW998
REFUSED.....999

***SR105.** What kind of healer did you see?

(PROBE: Any others?)

RECORD ALL MENTIONS
ACUPUNCTURIST 1
BIOFEEDBACK SPECIALIST2
CHIROPRACTOR3
ENERGY HEALING SPECIALIST4
EXERCISE OR MOVEMENT THERAPIST5
HERBALIST6
HOMEOPATH7
HYPNOTIST8

| | |
|---|----|
| GUIDED IMAGERY SPECIALIST | 9 |
| MASSEUSE | 10 |
| SPIRITUALIST/PSYCHIC | 11 |
| YOGA, RELAXATION OR MEDITATION EXPERT | 12 |
| DIETICIAN | 13 |
| DOCTOR OF ORIENTAL MEDICINE | 14 |
| OTHER (SPECIFY) | 15 |

| | |
|------------------|----|
| DON'T KNOW | 98 |
| REFUSED | 99 |

***SR106.** In general, how satisfied are you with the treatments and services you received from the [TYPE OF HEALER(s)/healer(s)] in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE HEALER SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

| | |
|---|---|
| VERY SATISFIED | 1 |
| SATISFIED | 2 |
| NEITHER SATISFIED OR DISSATISFIED | 3 |
| DISSATISFIED | 4 |
| VERY DISSATISFIED | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR107.** (RB, BOTTOM OF PG 57) Did the [TYPE OF HEALER(s)/healer(s)] help you a lot, some, a little, or not at all?

| | |
|------------------|---|
| A LOT | 1 |
| SOME | 2 |
| A LITTLE | 3 |
| NOT AT ALL | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR107a.** (RB, PG 57) How would you rate the overall quality of services you received from the [TYPE OF HEALER]?

| | |
|------------------|---|
| POOR | 1 |
| FAIR | 2 |
| NEUTRAL | 3 |
| VERY GOOD | 4 |
| EXCELLENT | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR107b.** (RB, BOTTOM OF PG 57) Did the [TYPE OF HEALER] accept you and made you feel understood?

| | |
|------------------|---|
| A LOT | 1 |
| SOME | 2 |
| A LITTLE | 3 |
| NOT AT ALL | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

***SR108.** Have you stopped seeing the [TYPE OF HEALER(s)/healer(s)] or are you still in treatment?

- STOPPED..... 1
- (IF VOL) STOPPED SEEING ONE HEALER
- AND IN TREATMENT WITH ANOTHER.....2 **GO TO *SR110**
- STILL IN TREATMENT.....3 **GO TO *SR110**
- DON'T KNOW.....8 **GO TO *SR110**
- REFUSED.....9 **GO TO *SR110**

***SR108a.** Did you complete the full recommended course of treatment? Or did you quit before the [TYPE OF HEALER(s)/healer(s)] wanted you to stop?

- COMPLETED TREATMENT.....1
- QUIT.....5
- DON'T KNOW.....8
- REFUSED.....9

GO TO *SR110

***SR109.** INTERVIEWER CHECKPOINT: (SEE ***SR5a, *SR8, *SR20, *SR28, *SR41, *SR49, *SR58, *SR67, *SR75, *SR88, *SR101**)

- *SR5a** EQUALS '1'-'3' OR ***SR8** EQUALS '1' OR ***SR20** EQUALS '1' - '3'
- OR ***SR28** EQUALS '1' - '3' OR ***SR41** EQUALS '1' - '3' OR ***SR49** EQUALS '1' - '3'
- OR ***SR58** EQUALS '1' - '3' OR ***SR67** EQUALS '1' - '3' OR ***SR75** EQUALS '1' - '3'
- OR ***SR88** EQUALS '1' - '3' OR ***SR101** EQUALS '1' - '3'.....1
- ALL OTHERS.....2 **GO TO *SR122**

***SR110.** The next question is about the money you spent over the past 12 months on treatment of problems with your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use). This includes all the money you and your family members paid "out-of-pocket" for visits, medications, tests, and services associated with your treatment. Not including any costs that were reimbursed or that will be reimbursed by insurance, about how much money have you (and your family) spent on treatment of emotional (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance) problems in the past 12 months?

(CODE "NONE" AS ZERO DOLLARS)

_____ DOLLARS

- DON'T KNOW.....998
- REFUSED.....999

***SR110a.** When you went to see a professional about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use) in the past year, were you able to communicate in your language of preference – nearly all the time, most of the time, sometimes, only rarely, or never?

- NEARLY ALL THE TIME..... 1
- MOST OF THE TIME..... 2
- SOMETIMES..... 3
- ONLY RARELY..... 4
- NEVER..... 5
- DON'T KNOW..... 8
- REFUSED..... 9

***SR111.** When you went to see a professional about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use) in the past year, was this something you wanted to do, or did you go only because someone else was putting pressure on you?

- R WANTED TO DO IT 1 **GO TO *SR113**
 - SOMEONE ELSE PUTTING PRESSURE ON R 2
 - (IF VOL) BOTH..... 3 **GO TO *SR114**
 - DON'T KNOW 8 **GO TO *SR119**
 - REFUSED 9 **GO TO *SR119**
-

***SR112.** (RB, PG 21) Which of these three statements best describes why you didn't want to see a professional:

You didn't think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help, but didn't believe professional treatment would be helpful?

- R DIDN'T THINK HE/SHE HAD A PROBLEM1
- R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT
ON HIS/HER OWN2
- R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN'T BELIEVE
PROFESSIONAL TREATMENT WOULD BE HELPFUL3
- OTHER (SPECIFY)4

- DON'T KNOW8
- REFUSED9

GO TO *SR119

***SR113.** Did anyone encourage you or put pressure on you to see a professional about your emotions (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or substance use)?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

***SR114.** How long had you been thinking that you needed to see a professional before you started treatment?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME:

DAYS ... 1 WEEKS 2 MONTHS ... 3 YEARS 4

DON'T KNOW 998
REFUSED 999

***SR115.** INTERVIEWER CHECKPOINT: (SEE ***SR114**)

***SR114** EQUALS AT LEAST FOUR WEEKS 1
ALL OTHERS 2 **GO TO *SR118**

***SR116.** I'm going to read a list of reasons for delaying help-seeking and ask you to say "yes" or "no" for whether each one was a reason for why you didn't get professional help more quickly than you did?

| (IF NEC: Was that one of your reasons for delaying?) | YES (1) | NO (5) | DK (8) | RF (9) |
|--|--------------------|-------------------|-------------------|-------------------|
| *SR116a. My health insurance would not cover treatment. | 1 | 5 | 8 | 9 |
| *SR116b. I thought the problem would get better by itself. | 1 | 5 | 8 | 9 |
| *SR116c. The problem didn't bother me very much at first. | 1 | 5 | 8 | 9 |
| *SR116d. I wanted to handle the problem on my own. | 1 | 5 | 8 | 9 |
| *SR116e. I didn't think treatment would work. | 1 | 5 | 8 | 9 |
| *SR116f. I received treatment before and it didn't work. | 1 | 5 | 8 | 9 |
| *SR116g. I was concerned about how much money it would cost. | 1 | 5 | 8 | 9 |
| *SR116h. I was concerned about what people would think if they found out I was in treatment. | 1 | 5 | 8 | 9 |
| *SR116i. I had problems with things like transportation or scheduling that made it hard to get to treatment. | 1 | 5 | 8 | 9 |
| *SR116j. I was unsure about where to go or who to see. | 1 | 5 | 8 | 9 |
| *SR116k. I thought it would take too much time or be inconvenient. | 1 | 5 | 8 | 9 |
| *SR116l. I could not get an appointment. | 1 | 5 | 8 | 9 |
| *SR116m. I was scared about being put in a hospital against my will. | 1 | 5 | 8 | 9 |
| *SR116n. I was not satisfied with available services. | 1 | 5 | 8 | 9 |
| *SR116o. I was concerned that I could be treated unfairly because of my race or ethnic background. | 1 | 5 | 8 | 9 |
| *SR116p. I thought I would not be able to communicate because of linguistic barriers. | 1 | 5 | 8 | 9 |

| | | | | |
|---|---|---|---|---|
| *SR116q. I was unable to get a provider of my same ethnic or racial background. | 1 | 5 | 8 | 9 |
| *SR116r. I could not choose the provider I wanted to see. | 1 | 5 | 8 | 9 |
| *SR116s. I do not feel comfortable discussing my problems with a health professional. | 1 | 5 | 8 | 9 |

***SR117.** Were there any other important reasons for your delay that I didn't ask about?

- YES 1
- NO..... 5 **GO TO *SR118**
- DON'T KNOW 8 **GO TO *SR118**
- REFUSED..... 9 **GO TO *SR118**

*SR117a. (IF NEC: Briefly, what were they?)

***SR118.** (RB, PG 22) Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional in the past 12 months? (You can just give me the letters.)

(PROBE: Any other important reasons that are not on the list?)

PROBE UNTIL NONPRODUCTIVE

- A. TO HELP WITH YOUR EMOTIONS (e.g., SADNESS, ANGER)..... 1
- B. TO CONTROL PROBLEM BEHAVIORS (e.g., DRINKING PROBLEMS, GAMBLING):..... 2
- C. TO DEAL WITH A GENERAL BODY COMPLAINTS (e.g., TIREDNESS, HEADACHES)..... 3
- D. TO HELP MAKE A LIFE DECISION (e.g., TO GET MARRIED OR CHANGE JOBS)..... 4
- E. TO COPE WITH ONGOING STRESS (e.g., JOB STRESS, MARITAL PROBLEMS)..... 5
- F. TO COPE WITH RECENT STRESSFUL EVENTS (e.g., DIVORCE, DEATH OF A LOVED ONE)... 6
- G. TO COME TO TERMS WITH YOUR PAST (e.g., FEELINGS ABOUT YOUR CHILDHOOD) 7
- H. OTHER REASONS (PLEASE DESCRIBE) 8

DON'T KNOW 98
 REFUSED 99

***SR119.** INTERVIEWER CHECKPOINT: (SEE ***SR25a, *SR38a, *SR46b, *SR55a, *SR64a, *SR72a, *SR85a, *SR98a, *SR108a**)

***SR25a** EQUALS '5' OR ***SR38a** EQUALS '5' OR ***SR46b** EQUALS '5' OR
***SR55a** EQUALS '5' OR ***SR64a** EQUALS '5' OR ***SR72a** EQUALS '5' OR
***SR85a** EQUALS '5' OR ***SR98a** EQUALS '5' OR ***SR108a** EQUALS '5' 1
 ALL OTHERS 2 **GO TO *SR128**

***SR120.** You mentioned quitting treatment. I'm going to read a list of reasons for quitting and ask you to say "yes" or "no" for whether each one was a reason you quit.

| (IF NEC: Was that one of your reasons for quitting?) | YES (1) | NO (5) | DK (8) | RF (9) |
|--|------------------------------|-------------------|-------------------|-------------------|
| *SR120a. You got better. | 1 | 5 | 8 | 9 |
| *SR120b. You didn't need help anymore. | 1 GO TO *SR121 | 5 | 8 | 9 |
| *SR120c. You were not getting better. | 1 | 5 | 8 | 9 |
| *SR120d. You wanted to handle the problem on your own. | 1 | 5 | 8 | 9 |
| *SR120e. You had bad experiences with the treatment providers. | 1 | 5 | 8 | 9 |
| *SR120f. You were concerned about what people would think if they found out you were in treatment. | 1 | 5 | 8 | 9 |
| *SR120g. You were treated badly or unfairly. | 1 | 5 | 8 | 9 |
| *SR120h. The therapist or counselor left or moved away. | 1 | 5 | 8 | 9 |
| *SR120i. You felt out of place. | 1 | 5 | 8 | 9 |
| *SR120j. The policies were a hassle. | 1 | 5 | 8 | 9 |
| *SR120k. There were problems with lack of time, schedule change, or lack of transportation. | 1 | 5 | 8 | 9 |
| *SR120l. You moved. | 1 | 5 | 8 | 9 |
| *SR120m. Treatment was too expensive. | 1 | 5 | 8 | 9 |
| *SR120n. Your health insurance would not pay for more treatment. | 1 | 5 | 8 | 9 |
| *SR120o. Your family wanted you to stop. | 1 | 5 | 8 | 9 |
| *SR120p. You could not communicate with your therapists. | 1 | 5 | 8 | 9 |
| *SR120q. The provider could not comprehend your problems. | 1 | 5 | 8 | 9 |
| *SR120r. You felt treated with less attention because of your race or ethnic background. | 1 | 5 | 8 | 9 |

***SR121.** Were there any other important reasons for quitting that I didn't ask about?

- YES 1
- NO 5 **GO TO *SR128**
- DON'T KNOW 8 **GO TO *SR128**
- REFUSED 9 **GO TO *SR128**

***SR121a.** (IF NEC: Briefly, what were they?)

GO TO *SR128

***SR122.** Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions or nerves (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

- YES 1
- NO 5 **GO TO *SR123**
- DON'T KNOW 8 **GO TO *SR123**
- REFUSED 9 **GO TO *SR123**

***SR122a.** How many months or years have you been thinking that you might need professional help?

IF VOL: "ONLY OCCASIONALLY," PROBE: How long has it been that you had this thought from time to time?

IF VOL: "ONLY ONCE," CODE "1 DAY."

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

DON'T KNOW 998

REFUSED 999

GO TO *SR124

***SR123.** (RB, PG 21) Which of these three statements best describes why you didn't want to see a professional:

You didn't think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help but didn't believe professional treatment would be helpful?

R DIDN'T THINK HE/SHE HAD A PROBLEM 1

R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT ON HIS/HER OWN 2

R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN'T BELIEVE PROFESSIONAL TREATMENT WOULD BE HELPFUL 3

OTHER (SPECIFY).....4

DON'T KNOW8

REFUSED9

***SR124.** Was there ever a time in the past 12 months when someone encouraged you or put pressure on you to see a professional about your emotions or mental health (IF ***SC26.2** EQUALS '1' OR ***SC26.3** EQUALS '1' OR ***SC26.4** EQUALS '1': or your use of alcohol or drugs)?

YES..... 1

NO 5

DON'T KNOW 8

REFUSED 9

***SR125.** INTERVIEWER CHECKPOINT (SEE ***SR122a**)

***SR122a** EQUALS AT LEAST '4' WEEKS 1

ALL OTHERS 2 **GO TO *SR128**

***SR126.** Here are some reasons people have for not seeking help even when they think they might need it. Just tell me “yes” or “no” whether each statement applies to why you did not see a professional.

| (IF NEC: Is this one of your reasons?) | YES (1) | NO (5) | DK (8) | RF (9) |
|---|------------------------------|-------------------|-------------------|-------------------|
| *SR126a. My health insurance would not cover this type of treatment. | 1 | 5 | 8 | 9 |
| *SR126b. The problem went away by itself, and I did not really need help. | 1 GO TO *SR128 | 5 | 8 | 9 |
| *SR126c. I thought the problem would get better by itself. | 1 | 5 | 8 | 9 |
| *SR126d. I was concerned about how much money it would cost. | 1 | 5 | 8 | 9 |
| *SR126e. I was unsure about where to go or who to see. | 1 | 5 | 8 | 9 |
| *SR126f. I didn't think treatment would work. | 1 | 5 | 8 | 9 |
| *SR126g. I was concerned about what others might think if they found out I was in treatment. | 1 | 5 | 8 | 9 |
| *SR126h. I thought it would take too much time or be inconvenient. | 1 | 5 | 8 | 9 |
| *SR126i. I wanted to handle the problem on my own. | 1 | 5 | 8 | 9 |
| *SR126j. I could not get an appointment. | 1 | 5 | 8 | 9 |
| *SR126k. I was scared about being put into a hospital against my will. | 1 | 5 | 8 | 9 |
| *SR126l. I was not satisfied with available services. | 1 | 5 | 8 | 9 |
| *SR126m. I received treatment before and it did not work. | 1 | 5 | 8 | 9 |
| *SR126n. The problem didn't bother me very much. | 1 | 5 | 8 | 9 |
| *SR126o. I had problems with things like transportation, childcare, or scheduling that would have made it hard to get to treatment. | 1 | 5 | 8 | 9 |
| *SR126p. There was no (Spanish/Asian) speaking provider within my area. | 1 | 5 | 8 | 9 |
| *SR126q. I had no health insurance. | 1 | 5 | 8 | 9 |
| *SR126r. I was concerned that I could be treated unfairly because of my race or ethnic background. | 1 | 5 | 8 | 9 |

| | | | | |
|---|---|---|---|---|
| *SR126s. I thought I would not be able to communicate because of linguistic barriers. | 1 | 5 | 8 | 9 |
| *SR126t. I was unable to get a provider of my same ethnic or racial background. | 1 | 5 | 8 | 9 |
| *SR126u. I could not choose the provider I wanted to see. | 1 | 5 | 8 | 9 |
| *SR126v. I do not feel comfortable discussing my problems with a health professional. | 1 | 5 | 8 | 9 |

*SR127. Are there any other important reasons why you didn't seek professional help?

- YES 1
- NO..... 5 **GO TO *SR128**
- DON'T KNOW 8 **GO TO *SR128**
- REFUSED.....9 **GO TO *SR128**

*SR127a. (IF NEC: Briefly, what were they?)

***SR128.** (IF SC35_1 = 1, THEN '(RB PG 23) The list on Page 23 of your booklet describes commonly used alternative therapies. Did you use any of these therapies in the past 12 months for problems with your emotions or nerves (IF *SC26.2 EQUALS '1', OR *SC26.3 EQUALS '1', OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?' ELSE (IF SC35_1 = 2) Did you use any of the following alternative therapies in the past 12 months for problems with your emotions or nerves (IF *SC26.2 EQUALS '1', OR *SC26.3 EQUALS '1', OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?' Acupuncture, biofeedback, chiropractic, energy healing, exercise or movement therapy, herbal therapy (e.g., St. John's Wort, chamomile), high dose mega-vitamins, homeopathy, hypnosis, imagery techniques, massage therapy, prayer or other spiritual practices, relaxation or meditation techniques, special diets, spiritual healing by others, or any other non-traditional remedy or therapies are some commonly used alternative therapies. '

YES 1
 NO 5 GO TO *SR131
 DON'T KNOW 8 GO TO *SR131
 REFUSED 9 GO TO *SR131

***SR128a:** Which ones did you use?

(PROBE: Any others?)

RECORD ALL MENTIONS

ACUPUNCTURE 1
 BIOFEEDBACK 2
 CHIROPRACTIC 3
 ENERGY HEALING 4
 EXERCISE OR MOVEMENT THERAPY 5
 HERBAL THERAPY (e.g., ST. JOHN'S WORT, CHAMOMILE) 6
 HIGH DOSE MEGA-VITAMINS 7
 HOMEOPATHY 8
 HYPNOSIS 9
 IMAGERY TECHNIQUES 10
 MASSAGE THERAPY 11
 PRAYER OR OTHER SPIRITUAL PRACTICES 12
 RELAXATION OR MEDITATION TECHNIQUES 13
 SPECIAL DIETS 14
 SPIRITUAL HEALING BY OTHERS 15
 ANY OTHER NON-TRADITIONAL REMEDY OR THERAPY (SPECIFY) 16

***SR129.** INTERVIEWER CHECKPOINT: (SEE *SR128a)

*SR128a EQUALS '6' 1
 ALL OTHERS 2 GO TO *SR131

***SR130.** (RB, PG 24) What types of herbal medicines did you use for your emotions or nerves or mental health (IF *SC26.2 EQUALS '1', OR *SC26.3 EQUALS '1', OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

(PROBE: Any other?)

RECORD ALL MENTIONS

| | |
|----------------------|---|
| CHAMOMILE..... | 1 |
| KAVA..... | 2 |
| LAVENDER..... | 3 |
| ST. JOHN'S WORT..... | 4 |
| VALERIAN..... | 5 |
| CHASTEBERRY..... | 6 |
| BLACK COHOSH..... | 7 |
| OTHER (SPECIFY)..... | 8 |

| | |
|-----------------|-----|
| DON'T KNOW..... | 998 |
| REFUSED..... | 999 |

***SR130a.** About how many days out of 365 in the past 12 months did you use (HERBAL MED/ any of these herbal medicines)?

_____ DAYS

| | |
|-----------------|-----|
| DON'T KNOW..... | 998 |
| REFUSED..... | 999 |

***SR130b.** Did a professional advise you to use (HERBAL MED/ any of these herbal medicines)?

- YES..... 1
 - NO..... 5 **GO TO *SR131**
 - DON'T KNOW..... 8 **GO TO *SR131**
 - REFUSED..... 9 **GO TO *SR131**
-

***SR130c.** What kind of professional?

RECORD ALL MENTIONS

- PSYCHIATRIST 1
 - FAMILY DOCTOR..... 2
 - OTHER MEDICAL DOCTOR (e.g., CARDIOLOGIST, GYNECOLOGIST) 3
 - PSYCHOLOGIST..... 4
 - SOCIAL WORKER..... 5
 - COUNSELOR..... 6
 - OTHER MENTAL HEALTH PROFESSIONAL (e.g., PSYCHIATRIC NURSE,
PSYCHOTHERAPIST 7
 - OTHER HEALTH PROFESSIONAL (e.g., PHYSICIAN ASSISTANT) 8
 - RELIGIOUS OR SPIRITUAL ADVISOR (e.g., MINISTER, PRIEST, PASTOR, RABBI) 9
 - HERBALIST..... 10
 - OTHER ALTERNATIVE PROVIDER (e.g., SPIRITUALIST, NATIVE HEALER,
ENERGY HEALER) 11
 - OTHER (SPECIFY)..... 12
-
-
-
-
-

- DON'T KNOW..... 98
 - REFUSED..... 99
-

***SR131.** Did you talk to a telephone psychic at any time in the past 12 months?

- YES 1
- NO..... 5 **GO TO *SR132**
- DON'T KNOW 8 **GO TO *SR132**
- REFUSED..... 9 **GO TO *SR132**

***SR131a.** About how many times (did you talk to a telephone psychic in the past 12 months)?

_____ TIMES

- DON'T KNOW..... 998
- REFUSED..... 999

***SR131b.** About how long did (this call last/ these calls last on average)?

_____ MINUTES

DON'T KNOW..... 998
REFUSED..... 999

***SR131c.** What were the main things you talked about during (this call/ these calls)?

RECORD ALL MENTIONS

LOVE LIFE 1
FINANCES..... 2
OTHER STRESS 3
R'S MENTAL HEALTH..... 4
OTHER (SPECIFY)..... 5

DON'T KNOW..... 8
REFUSED..... 9

***SR132.** INTERVIEWER CHECKPOINT: (SEE ***SR10b, *SCS8b**)

***SR10b** EQUALS '1'-'3' OR ***SCS8b** EQUALS '1'-'3'1
ALL OTHERS.....2 **GO TO *PH1, NEXT SECTION**

***SR133. (If SC35_1 = 1 THEN '(RB, PG 25, CIRCLE ALL MENTIONS))** You mentioned going to a self-group in the past 12 months. What kind of self-help group did you go to? Just give me the letter. (PROBE: Any others?)' / **ELSE (IF SC35_1 = 2)** 'You mentioned going to a self-group in the past 12 months. What kind of self-help group did you go to: groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery), groups for people with emotional problems (such as Grow, The Manic Depressive Association, or Emotions Anonymous), groups for people with eating problems, groups for dealing with the death of a loved one (such as the Compassionate Friends or Widow To Widow), groups for people making other life transitions (such as Parents Without Partners or Empty Nesters), groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse), groups for people with physical disabilities or illnesses (such as Living with Cancer or Living with Aids), parent support groups (such as Toughlove or Parents Anonymous), groups for the families of people with a physical illness (such as The Candlelighters or families of Children with Cancer), groups for the families of people with emotional or substance problems (such as The National Alliance for the Mentally Ill or Al Anon), or any other self-help group, mutual help group, or any other support group?' (PROBE: Any other?)'

IF SC35_1 = 1, THEN

- 1. A
- 2. B
- 3. C
- 4. D
- 5. E
- 6. F
- 7. G
- 8. H
- 9. I
- 10. J
- 11. K

ELSE, IF SC35_1 = 2, THEN

1. GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY)
2. GROUPS FOR PEOPLE WITH EMOTIONAL PROBLEMS (SUCH AS GROW, THE MANIC DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS)
3. GROUPS FOR PEOPLE WITH EATING PROBLEMS
4. GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW)
5. GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR EMPTY NESTERS)
6. GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE)
7. GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS)
8. PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS)
9. GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER)
10. GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON)
11. ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP [SPECIFY] _____

***SR134.** INTERVIEWER CHECKPOINT: (SEE *SR20, *SR28, *SR41, *SR49, *SR58, *SR67, *SR75, *SR88, *SR101)

*SR20 EQUALS '1' - '3' OR *SR28 EQUALS '1' - '3' OR
*SR41 EQUALS '1' - '3' OR *SR49 EQUALS '1' - '3' OR
*SR58 EQUALS '1' - '3' OR *SR67 EQUALS '1' - '3' OR
*SR75 EQUALS '1' - '3' OR *SR88 EQUALS '1' - '3' OR
*SR101 EQUALS '1' - '3' 1
ALL OTHERS 2 **GO TO *PH1, NEXT SECTION**

SR135. (If SC35_1 =1 THEN '(RB, PG 26)) Which of the following statements best describes the relationship between your participation in the self-help group and your seeing a professional about problems with your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1', OR *SC26.3 EQUALS '1', OR *SC26.4 EQUALS '1': or substance use): Just give me the number. ' / ELSE (IF SC35_1 = 2) Which of the following statements best describes the relationship between your participation in the self-help group and your seeing a professional about problems with your emotions, nerves, or mental health (IF *SC26.2 EQUALS '1', OR *SC26.3 EQUALS '1', OR *SC26.4 EQUALS '1': or substance use): a professional ran the group; a professional asked you to attend the group as part of your treatment, but the group was not run by a professional; you attended the self-help group at the same time you saw a professional, but the two were not related; you attended the self-help group at a different time than when you saw a professional, or is there any other relationship between your participation in the self-help group and your seeing a professional?

1. A PROFESSIONAL RAN THE GROUP

2. A PROFESSIONAL ASKED YOU TO ATTEND THE GROUP AS PART OF YOUR TREATMENT, BUT THE GROUP WAS NOT RUN BY A PROFESSIONAL
3. YOU ATTENDED THE SELF-HELP GROUP AT THE SAME TIME YOU SAW A PROFESSIONAL, BUT THE TWO WERE NOT RELATED
4. YOU ATTENDED THE SELF-HELP GROUP AT A DIFFERENT TIME THAN WHEN YOU SAW A PROFESSIONAL
5. OTHER (SPECIFY)

GO TO *PH1, NEXT SECTION