

SECTION B: Satisfaction With Care/ Participatory Decision Making Style

P-PCP Relation 1	B1.	Please Estimate how long you have been seeing (insert PCPs name).	<1 year 1 1-3 years 2 >3 years 3 DK 8 RF 9										
P-PCP Relation 2	B2.	When you go to (CLINIC NAME) for a scheduled appointment, how often do you see (PCP NAME) as opposed to another provider in the clinic? Would you say (READ CATEGORIES)?	NONE OF THE TIME 0 SOME OF THE TIME 1 MOST OF THE TIME 2 ALL OF THE TIME 3 DK 8 RF 9										
P-PCP Relation 3	B3.	How important is it to you for (PCP NAME) to see you during this scheduled appointment? Would you say (READ CATEGORIES)?	Not very important 1 Somewhat important 2 Important 3 Very important 4 DK 8 RF 9										
P-PCP Relation 4	B4.	Have you seen (PCP NAME) since we last spoke to you 6 months ago? Would you say (READ CATEGORIES)?	YES 1 NO 2 DK 8 RF 9										
Satisfaction with Health Care 1	B5.	How dissatisfied or satisfied were you with the health care available to you for personal or emotional problems in the past 6 months ? Would you say you are very dissatisfied, dissatisfied, neither dissatisfied nor satisfied, satisfied, or very satisfied?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER DISSATISFIED NOR SATISFIED 3 SATISFIED 4 VERY SATISFIED 5 DK 8 RF 9										
Patient Post- Visit Qx1	The following statements summarize things people sometimes say about providers and medical care. There is no right or wrong answer; we just want your opinion. Your answers will not be shown to your provider or the clinic staff and they will in no way affect your care.												
PPV Qx1 P-PCP Relation5	B6.	Based on your most recent visit to Dr. (PCP NAME), please tell me if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.	<table border="0"> <tr> <td></td> <td>STRONGLY DISAGREE</td> <td>DISAGREE</td> <td>NEITHER AGREE NOR DISAGREE</td> <td>AGREE</td> <td>STRONGLY AGREE</td> </tr> </table>						STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE								
PPV Qx4 Patient-PCP Relationship4 Friendly1 PPV Qx5 Patient PCP Relationship5 Respect1 PPV Qx6 Patient PCP Relationship6 Doctor Likes1 PPV Qx7 Patient PCP Relationship7	a.	Overall, I was satisfied with my last visit....	1	2	3	4	5						
	b.	My provider was friendly and warm	1	2	3	4	5						
	c.	My provider has a great deal of respect for me.....	1	2	3	4	5						
	d.	My provider likes me.....	1	2	3	4	5						
	e.	I would recommend this provider to a friend.....	1	2	3	4	5						
PPV Qx8 Patient PCP Relationship8	f.	I like this provider	1	2	3	4	5						

Patient Likes1

PPV Qx8
Your Last
Medical Visit

B7. During your health care visit for emotional or health care problems, did a provider ask you (READ STATEMENTS)?

	YES	NO
a. If your depression has changed	1	2
c. Whether you had thoughts of hurting yourself.....	1	2
d. Suggest a change in your treatment such as antidepressants or counseling.....	1	2
e. Give you a prescription for medication that would help your personal or emotional problems	1	2
f. Change medication that you were already taking for personal or emotional problems	1	2

NOTE: Each time R answers YES to B7 a-f, please ask B7g:

PPV Qx9
Your Last
Medical Visit

B7. g. Did you or (INSERT PROVIDER'S NAME) bring this up?

YOU (patient)..... 1
PROVIDER 2
DK 8
RF 9

B7g could be asked up to 5 times to correspond with B7a-f answers

PROGRAMMER NOTE: IF B7e OR f = YES, ASK B9. OTHERWISE SKIP TO B11.

PPVQx11
MED3

B9. Which of the following instructions were you given about taking the medicine?

	YES	NO
a. Were you told to keep taking the medication even if you start to feel better?	1	2
b. Were you told not to stop taking the medication without checking with the office?	1	2
c. Were you told to take the medication on a daily basis without interruption?	1	2

PPVQ12
MED4

B10. Did your provider discuss side effects that are common when taking the medicine?

YES..... 1
NO..... 2
DK 8
RF 9

PPV Qx8
Your Last
Medical Visit

B11. During your most recent visit, how much time do you

None	1 minute or less	1-5 minutes	6-10 minutes	11+ minutes
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think you and your provider spent discussing (READ STATEMENTS)? Would you say none of the time, 1 minute or less, 1-5 minutes, 6-10 minutes, or 11 minutes or more?

a. important relationships in your life	1	2	3	4	5
b. ways of solving problems with your job or relationships.....	1	2	3	4	5
c. planning activities that boost your confidence	1	2	3	4	5
d. seeking counseling or other professional help	1	2	3	4	5
e. identifying and changing thoughts that get you down, etc.	1	2	3	4	5

Patient Post-Visit
Questionnaire
10
Counseling 2

B12.	To what extent did you find the discussion about these subjects helpful? Would you say (READ CATEGORIES)?	Not at all helpful.....	1
		Somewhat helpful.....	2
		Moderately helpful.....	3
		Very helpful.....	4
		DK.....	8
		RF.....	9

In the next set of questions I would like you to reflect on your level of trust with your Primary Care Provider (PCP) and other health professionals

Trust in Health
Prof1
Patient PCP
Relationship6

B13.	Do you have confidence in Dr. (PCP NAME)'s knowledge and skills? Would you say (READ CATEGORIES)?	Not at all.....	1
		A little	2
		Somewhat	3
		Mostly.....	4
		Completely	5
		DK	8
		RF	9

Trust in Health
Professional 2
Patient – PCP
Relationship 7

B14.	Do you trust Dr. (PCP NAME) to keep what you tell (him/her) confidential? Would you say (READ CATEGORIES)?	Not at all.....	1
		A little	2
		Somewhat	3
		Mostly.....	4
		Completely	5
		DK	8
		RF	9

Trust in Health
Professional 3
Relationship 8

B15.	Do you trust psychiatrists or other mental health providers ? Would you say (READ CATEGORIES)?	Not at all.....	1
		A little	2
		Somewhat	3
		Mostly.....	4
		Completely	5
		DK	8
		RF	9

IF ASKED:

Psychiatrist: Person who specializes in the diagnosis and treatment of mental health or psychiatric disorders.

Psychologist: Person with a doctoral degree, PhD, or PsyD in psychology and training in counseling, psychotherapy, and psychological testing.

Social Worker: Person with a degree in social work. A social worker with a master's degree often has specialized training in counseling.

The following questions refer to your primary care provider (PCP), Dr. (PCP NAME).

B16. How often does your PCP (READ STATEMENTS)? Would you say (READ CATEGORIES)?		Never	Rarely	Some- times	Often	Very often
Communication with Primary Care Provider 2	a. listen carefully to you	0	1	2	3	4
Communication with Primary Care Provider 3	b. explain things in a way you can understand.....	0	1	2	3	4
Communication with Primary Care Provider 3	c. spend enough time with you	0	1	2	3	4

Do Not Duplicate

End of Study, Perceived Involvement in Care Scale:

Has your PCP changed in the past 6 months?	Medical Site:	PCP:
Date of Last Medical Visit (If known)	MM:	YYYY:

Q#	Question Content	Question	Coding	Question Label
		Please recall your last medical visit with [insert PCP's name]. Please tell me if you AGREE or DISAGREE with the following statements:		
Q1	Doctor Facilitation Scale	My PCP asked me whether I agree with his/her decisions.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PImdfacil_1
Q2	Doctor Facilitation Scale	My PCP gave me a complete explanation of my medical symptoms or treatment.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PImdfacil_2
Q3	Doctor Facilitation Scale	My PCP asked me what I believe is causing my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PImdfacil_3
Q4	Doctor Facilitation Scale	My PCP encouraged me to talk about personal concerns related to my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PImdfacil_4
Q5	Doctor Facilitation Scale	My PCP encouraged me to give my opinion about my medical treatment.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PImdfacil_5
Q6	Patient Information Scale	I asked my PCP to explain the treatment or procedure to me in greater detail.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIptinfo_1
Q7	Patient Information Scale	I asked my PCP for recommendations about my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIptinfo_2
Q8	Patient Information Scale	I went into great detail about my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIptinfo_3
Q9	Patient Information Scale	I asked my PCP a lot of questions about my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIptinfo_4
Q10	Patient Decision-Making Scale	I suggested a certain kind of medical treatment to my PCP.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIpdm_1
Q11	Patient Decision-Making Scale	I insisted on a particular kind of test or treatment for my medical symptoms.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIpdm_2
Q12	Patient Decision-Making Scale	I expressed doubts about the tests or treatment that my PCP recommended.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIpdm_3

Q13	Patient Decision-Making Scale	I gave my opinion (agreement or disagreement) about the types of test or treatment that my PCP ordered.	DISAGREE.....0 AGREE.....1 DK.....8 RF.....9	PIpdm_4
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Do Not Duplicate

Participatory
Decision
Making 1

- B17. If there were a choice between treatments, how often would Dr. (PCP NAME) ask you to help make the decision? Would you say (READ CATEGORIES)?

NEVER..... 0
 RARELY..... 1
 SOMETIMES..... 2
 OFTEN..... 3
 VERY OFTEN..... 4
 DK..... 8
 RF..... 9

Participatory
Decision
Making 7

- B18. What role do you want to play during your regular visits with Dr. (PCP NAME)? Do you want (READ STATEMENTS)? CODE ONLY ONE.

your provider to take the initiative and decide what is best for you 1
 your provider to consider some of your ideas but make the final decision..... 2
 both you and your provider to make the final decision together..... 3
 to make the final decisions yourself 4

MEDICATIONS

The next few questions pertain to medications that you may be taking or that your provider may have prescribed. It would be helpful if you had your medications in front of you for the next few questions. Do you need a minute to get them?

Med1

- B19. Are you **currently** taking any prescription medications, not including birth control pills, vitamins, or antibiotics?

YES..... 1
 NO..... (SKIP TO B22B) 2
 DK..... (SKIP TO B22B) 8
 RF..... (SKIP TO B22B) 9

Med2

- B20. How many medications are you **currently** taking? IF DK, PROBE: How many medications would you be able to tell us about?

MEDS
 DK..... 98
 RF..... 99

Med5

- B21A Of the medications you are **currently** taking, how many have you taken regularly for one month or more for personal, mental, or emotional problems, such as depression, anxiety, nerves, alcohol or drugs? **NOTE: if answered more than 1 medication, repeat B23-B29e for every medication.**

MEDS
 DK..... (SKIP TO SECTION C) 98
 RF..... (SKIP TO SECTION C) 99

- B22B Was there a time in the **past 6 months** that you took a medication regularly for one month or more for personal, mental, or emotional problems such as depression, anxiety, nerves, alcohol, or drugs that you **are not** currently taking?

YES..... 1
 NO..... 2
 DK..... 8
 RF..... 9

PROGRAMMER NOTE: If B19 = 2, 8, or 9 and B22B = 2, 8, or 9, skip to Section C.

Med7

- B23. I would like to ask you about these medications you (DISPLAY) for personal, mental, or emotional problems. Please look at the label or container for this (next) medication to answer the next few questions. Are you reading from the label or are you unable to locate the label or container?

CANNOT FIND CONTAINER 1
 READING FROM LABEL..... 2
 DK..... 8
 RF..... 9

PROGRAMMER NOTE: Display “are currently taking” if B3B = NO.
 Otherwise, display “took in the past 6 months but **are not** currently taking” if B1=2 (NO), 8, or 9 **and** B3B = 1 (YES).
 Otherwise, display “are currently taking and those you took in the **past 6 months**” if B3A = a number **and** B3B = YES.

Med8 B24. What is the name of the (first/next) medication?

NAME:
 DK 8
 RF 9

INTERVIEWER: If drug name does not appear in CATI, type in the drug name and leave code blank.

Med 9 B25. Please (read me the dosage of this medication exactly as it appears on the label/tell me the dosage of this medication).

DOSAGE
 MILLIGRAMS 1
 GRAMS 2
 UNITS 3
 PERCENT 4
 SPRAY 5
 TEASPOON 6
 DROPS 7
 MEQ 8
 OTHER (SPECIFY) 9
 NOT AVAILABLE 77
 DK 88
 RF 99

PROGRAMMER NOTE: If B25=1, display “tell me the dosage of this medication,” or
 If B25=2, display “read me the dosage of this medication exactly as it appears on the label.”

Med 10 B26. During **the past 30 days**, how many days did you actually take this medication?

DAYS ON MEDS
 DK 8
 RF 9

Med 11 B27. How many pills, capsules, or other measures of medication do you usually take **each day**?

OF PILLS
 DK 8
 RF 9

INTERVIEWER: R may report in # of pills, capsules, or other measures of medication.

PROGRAMMER NOTE: If additional meds in B4, repeat medication questions B24-B27 for each. If no additional meds, go to B28.

Allow for 0 in B27. If B27 = 0, prompt interviewer: “Please specify frequency.”

Med 12 B28. In the past 6 months, did you stop taking any of these medications on your own without your provider telling you to do so?

YES 1
 NO 2
 DK 8
 RF 9

Med 13

- B29. Now, I am going to give you a list of problems and complaints that people sometimes experience when taking medication for personal, mental, or emotional problems. I want to know if you have experienced any of these problems in the **past month** and, if so, how bothersome was it to you.

If you experienced the problem and it did not interfere with your usual activities, consider it mild. If the problem interfered somewhat with your usual activities, call it moderate. If the problem was so bothersome that you could not perform your usual activities, consider it severe.

In the **past month**, were you bothered by (READ LIST)? Would you say it did not bother you at all, bothered you mildly, moderately, or severely?

	NOT AT ALL	MILD	MODERATE	SEVERE
a. feeling sleepy during the daytime	1	2	3	4
b. nausea or upset stomach	1	2	3	4
c. difficulty urinating	1	2	3	4
d. dizziness or lightheadedness	1	2	3	4
e. difficulty with sexual activity	1	2	3	4

SECTION D: CESD

- D1. Please indicate how much of the time during the **past week** you felt (READ STATEMENTS)? Would you say (READ CATEGORIES)?

		Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
CESD Scale 1	a. you were bothered by things that don't usually bother you.....	1	2	3	4
CESD Scale 2	b. like not eating or your appetite was poor	1	2	3	4
CESD Scale 3	c. that you could not shake off the blues even with the help of your family or friends.....	1	2	3	4
CESD Scale 4	d. that you were just as good as other people....	1	2	3	4
CESD Scale 5	e. you had trouble keeping your mind on what you were doing	1	2	3	4
CESD Scale 6	f. depressed	1	2	3	4
CESD Scale 7	g. everything you did was an effort.....	1	2	3	4
CESD Scale 8	h. hopeful about the future.....	1	2	3	4
CESD Scale 9	i. your life had been a failure	1	2	3	4
CESD Scale 10	j. fearful.....	1	2	3	4
CESD Scale 11	k. that your sleep was restless	1	2	3	4
CESD Scale 12	l. you were happy	1	2	3	4
CESD Scale 13	m. that you talked less than usual	1	2	3	4
CESD Scale 14	n. lonely	1	2	3	4

CESD Scale 15	o. people were unfriendly	1	2	3	4
CESD Scale 16	p. you enjoyed life	1	2	3	4
CESD Scale 17	q. you had crying spells	1	2	3	4
CESD Scale 18	r. sad	1	2	3	4
CESD Scale 19	s. people disliked you	1	2	3	4
CESD Scale 20	t. you could not "get going"	1	2	3	4

SECTION F: SF12

SF-12 Health Survey 1	F1.	In general, would you say your health is excellent, very good, good, fair, or poor?	EXCELLENT.....	1	
			VERY GOOD.....	2	
			GOOD.....	3	
			FAIR.....	4	
			POOR.....	5	
			DK.....	8	
			RF.....	9	
SF-12 Health Survey 2	F2.	The following items are about activities you might do during a typical day . Does your health now limit you in (READ STATEMENTS)? If so, does it limit you a lot, limit you a little, or not limit you at all?	Yes, limited a lot	Yes, limited a little	No, not limited at all
	a.	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf, etc.	1	2	3
	b.	Climbing several flights of stairs	1	2	3
SF-12 Health Survey 3	F3.	During the past 4 weeks , have you accomplished less than you would have liked with your work or other regular daily activities as a result of your physical health?	YES.....	1	
			NO.....	2	
			DK.....	8	
			RF.....	9	
SF-12 Health Survey 4	F4.	During the past 4 weeks were you limited in the kind of work or other activities you could do as a result of your physical health?	YES.....	1	
			NO.....	2	
			DK.....	8	
			RF.....	9	
SF-12 Health Survey 5	F5.	During the past 4 weeks have you accomplished less than you would have liked as a result of any emotional problems such as feeling depressed or anxious?	YES.....	1	
			NO.....	2	
			DK.....	8	
			RF.....	9	
SF-12 Health Survey 6	F6.	During the past 4 weeks , were you not as careful as usual at work or during other activities as a result of any emotional problems such as feeling depressed or anxious?	YES.....	1	
			NO.....	2	
			DK.....	8	
			RF.....	9	
SF-12 Health Survey 7	F7.	During the past 4 weeks , how much did pain interfere with your normal work, including work both outside the home and housework? Would you say it interfered (READ CATEGORIES)?	Not at all.....	1	
			A little bit.....	2	
			Moderately.....	3	
			Quite a bit. or	4	
			Extremely.....	5	

DK 8
RF 9

Do Not Duplicate

SF-12 Health
Survey 7

F8. How much of the time during the **past 4 weeks** (READ STATEMENTS)? Would you say (READ CATEGORIES)?

	All of the time	Most of the time	A good bit of the time	A little of the time	None of the time
a. have you felt calm and peaceful	1	2	3	4	5
b. did you have a lot of energy	1	2	3	4	5
c. have you felt downhearted and blue.....	1	2	3	4	5
d. has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, etc.					

F9. Compared to one year ago (INSERT DATE R COMPLETED THEIR BASELINE), would you say your *overall health* is better, the same, or worse?

	1	2	3	4	5
BETTER					1
THE SAME					2
WORSE					3
DK					8
RF					9

F 10. Compared to one year ago (INSERT DATE R COMPLETED THEIR BASELINE), would you say your *depression* is better, the same, or worse?

	1	2	3	4	5
BETTER					1
THE SAME					2
WORSE					3
DK					8
RF					9

SECTION G: WORK AND PRODUCTIVITY

DEMO2	G1.	What is your current employment status: are you working full time, working part-time, retired, disabled, attending school, keeping house, or unemployed? Choose the status that reflects fifty-one percent of your time.	WORKING FULL TIME 1 WORKING PART-TIME 2 RETIRED 3 DISABLED 4 ATTENDING SCHOOL 5 KEEPING HOUSE 6 UNEMPLOYED 7 DK 8 RF 9
W&P 1	G2.	During the past 2 weeks , have you missed an entire day of work, school, or any other activity day because of problems with your physical or emotional health?	YES 1 NO 2 DK 8 RF 9
W&P 2	G3.	During the past 2 weeks , have you missed an entire day of work, school, or any other activity for any other reason (excluding vacation)?	YES 1 NO 2 DK 8 RF 9
W&P 3	G4.	During the past 2 weeks , have you missed part of a day of work, school, or any other activity because of problems with your physical or emotional health?	YES 1 NO 2 DK 8 RF 9
W&P 4	G5.	During the past 2 weeks , have you missed part of a day of work, school, or any other activity for any other reason (excluding vacation)?	YES 1 NO 2 DK 8 RF 9

PROGRAMMER NOTE: IF G1 ≠ 1 OR 2 (R IS NOT CURRENTLY EMPLOYED), **SKIP** TO H1 (SOCIAL SUPPORT MODULE).

W&P5	G6.	How many hours per week do you usually work?	# HOURS PER WEEK <input type="text"/> <input type="text"/> <input type="text"/>					
			DK998					
			RF999					
	G7.	In the past 2 weeks , how much of the time did your physical health or emotional problems make it difficult for you to (READ STATEMENTS)? Would you say (READ CATEGORIES)?						Does not apply to your job
			All of the time (100%)	Most of the time	Some of the time (50%)	A slight bit of the time	None of the time	
W&P 6		a. handle the workload	1	2	3	4	5	6
W&P 7		b. work fast enough	1	2	3	4	5	6
W&P 8		c. finish work on time.....	1	2	3	4	5	6
W&P 9		d. do your work without making mistakes	1	2	3	4	5	6
W&P 10		e. feel you've done what you are capable of doing	1	2	3	4	5	6
W&P 11	G8.	In the past 2 weeks , how much of the time did you have trouble getting along with your co-workers?	All of the time (100%) 1					
			Most of the time 2					
			Some of the time (50%)..... 3					
			A slight bit of the time 4					
			None of the time 5					
			Does not apply to your job 6					

SECTION H: LIFE EVENTS AND USE OF MEDICAL SERVICES

LE 1	H2.	During the past 6 months , have you undergone a life event that was stressful such as a change of job, a change of residence, the loss of a loved one, the break up of your marriage or a major financial crisis?	YES 1					
			NO 2					
			DK 8					
			RF 9					
LE 2	H3.	Within the last month , how often have you felt stressed because of daily hassles or personal problems in your life? Would you say (READ CATEGORIES)?	Never..... 1					
			Almost never..... 2					
			Sometimes 3					
			Fairly often..... 4					
			Very often 5					
			DK 8					
			RF 9					
Health Insurance 1	H7.	Do you have any health care insurance including Medicaid and Medicare?	YES..... 1					
			NO (SKIP TO H15)..... 2					
			DK (SKIP TO H10)..... 8					
			RF (SKIP TO H15)..... 9					
Health Insurance 2	H8.	Is your health insurance covered by Medicaid which is a state program for low income persons or for persons on public assistance or welfare?	YES..... 1					
			NO 2					
			DK 8					
			RF 9					
Health Insurance 3	H9.	Are you covered by Medicare, which is an insurance program for people 65 years old or over and for people who are disabled?	YES..... 1					
			NO 2					
			DK 8					
			RF 9					
Health Insurance 4	H10.	Are you covered by any other health insurance such as a private plan or through work that pays any part of hospital or provider bills?	YES..... 1					
			NO 2					
			DK 8					
			RF 9					

Use of Medical Care 1 H15. Now I would like to ask you some questions about visits you have made to providers and other health care professionals. During the **past 6 months**, how many **total nights** did you stay in a hospital or other treatment facility for treatment of physical problems?

OF NIGHTS
 NONE 00
 DK 98
 RF 99

Use of Medical Care 2 H16. During the **past 6 months** have you been an overnight patient in a hospital for any emotional or mental problems?
 IF YES, PROBE: In the past 6 months?

YES 1
 NO (SKIP TO H18) 3
 DK 8
 RF 9

Use of Medical Care 3 H17. During the **past 6 months**, how many total nights did you stay in a hospital or other treatment facility for any personal or emotional problems? Please count all overnight stays.

OF TOTAL NIGHTS
 DK 98
 RF 99

Use of Medical Care 4 H18. During the **past 6 months**, how many visits did you make to a hospital emergency room?

OF VISITS
 DK 98
 RF 99

PROGRAMMER NOTE: IF 0, SKIP TO H20.

Use of Medical Care 5 H19. During how many of these hospital **emergency room** visits did you discuss personal or emotional problems such as emotions, nerves, alcohol, drugs, or mental health?

OF VISITS
 DK 98
 RF 99

Use of Medical Care 6 H12. During the **past 6 months**, how many visits did you make to medical providers such as primary care or family providers, internists, surgeons or medical specialists, provider's assistants or medical nurse practitioners? This question refers to office or clinic visits. Please **do not** include visits to a hospital emergency room, overnight stays in a hospital, nursing home, or other health care facility.

OF VISITS
 DK 98
 RF 99

PROGRAMMER NOTE: Do not allow for a value of 0 in H20.

INTERVIEWER NOTE: If R reports 0 # of visits in H20, probe: "This also includes your office visit at the time of recruitment."

Use of Medical Care 7 H31. During the **past 6 months**, at how many of these (INSERT # FROM H20) office or clinic visits were you treated by (PCP NAME)? Would you say (READ CATEGORIES)?

None of the time 1
 A little of the time 2
 Some of the time 3
 Most of the time 4
 All of the time 5
 DK 8
 RF 9

PROGRAMMER NOTE: If H20 = 1, display: "Were you treated by (PCP NAME) during this visit?"

Use of Medical Care 8 H14. Were any of these (INSERT # FROM H20) visits to health professionals were not covered by your regular health plan?

YES 1
 NO 2
 R HAS NO INSURANCE 3
 DK 8
 RF 9

PROGRAMMER NOTE: If H20 = 1, display: "Was this visit covered by your regular health plan?"

Use of
Medical Care
9

- H15. During how many of these (INSERT # FROM H20) visits to a medical provider did you bring up or discuss personal or emotional problems such as emotions, nerves, alcohol, drugs, or mental health?

OF VISITS
 DK 98
 RF 99

PROGRAMMER NOTE: If H20 = 1, display: "During this visit, did you bring up or discuss personal or emotional problems such as emotions, nerves, alcohol, drugs, or mental health?"

Use of
Medical Care
10

- H16. In how many of these (INSERT # FROM H20) visits did you discuss problems with depression?

OF VISITS
 DK 98
 RF 99

PROGRAMMER NOTE: If H20 = 1, display: "During this visit, did you discuss problems with depression?"

Use of
Medical Care
11

- H17. During the **past 6 months**, how many visits did you make to psychiatrists, psychologists, social workers, psychiatric nurses, or counselors? Please **do not include** visits to hospital emergency rooms or visits that occurred while you were an overnight patient in a hospital emergency room or visits that occurred while you were an overnight patient in a hospital or other health care facility.

OF VISITS
 DK 98
 RF 99

PROGRAMMER NOTE: If H25 = 0, skip to Section I.

Use of
Medical Care
12

- H18. What type of mental health specialist did you see? CODE ALL THAT APPLY.

PSYCHIATRIST 1
 PSYCHOLOGIST 2
 SOCIAL WORKER 3
 PSYCHIATRIC NURSE 4
 COUNSELOR 5
 OTHER (SPECIFY) 6
 DK 8
 RF 9

Use of
Medical Care
13

- H19. Were any of these visits to mental health specialists who were not covered by your regular health plan?

YES 1
 NO 2
 R HAS NO INSURANCE 3
 DK 8
 RF 9

SECTION I: ATTITUDES

The following questions ask your opinion about depression and its treatment.

Attitudes &
Preferences
Questions 1

- I1. If you were depressed and were allowed to choose who would treat you, how likely would you be to choose (READ LIST)? Would you be (READ CATEGORIES)?

	Very likely	Somewhat likely	Uncertain	Somewhat unlikely	Very unlikely
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Attitudes &
Preferences
Questions 2

- a. a primary care provider.....

1	2	3	4	5
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Attitudes &
Preferences
Questions 3

- b. a psychiatrist or another mental health provider that your primary care provider has referred you to.....

1	2	3	4	5
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Attitudes &
Preferences
Questions 4

- c. a member of the clergy (priest, rabbi, or minister)

1	2	3	4	5
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Attitudes &
Preferences
Questions 5

12. If you were depressed and had to choose between taking antidepressant medicine daily for 6 to 9 months or going for counseling weekly for at least 3 months, which would you prefer?

ANTIDEPRESSANT MEDICINE 1
COUNSELING 2
NO PREFERENCE 3
DK 8
RF 9

The following items are rated on a five point scale from strongly disagree to strongly agree.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Trust in Health Professionals 6 Patient Attitudes Toward and Ratings of Care for Depression (PARC-D-30) 2 PARCD 3	13. Do you trust Dr. (PCP NAME) to act in your best interest? Would you say you (READ CATEGORIES)?	1	2	3	4	5
	14. Do you believe Dr. (PCP NAME) listens to you? Would you say you (READ CATEGORIES)?	1	2	3	4	5
PARCD 4	15. Do you feel you need treatment for depression at this time? Would you say you (READ CATEGORIES)?	1	2	3	4	5
PARCD 5	16. Do you believe antidepressant medications will restore you to your normal level of functioning? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 6	17. Do you believe that counseling will restore you to your normal level of functioning? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 7	18. Do you believe most antidepressant medications are effective in treating depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5

			Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
PARCD 8	I9.	Do you believe counseling will help you just as much as antidepressant medication? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 9	I10.	Do you believe antidepressant medications are addictive? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 10	I11.	Do you feel antidepressant medications will make you feel drugged? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 11	I12.	I know what to expect regarding treatment of depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 12	I13.	Do you feel you have enough information to deal with your depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 13 Religious Coping Strategies 1	I14.	Do you believe faith in God will heal your depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 14 Religious Coping Strategies 2	I15.	Do you believe asking God for forgiveness will help heal your depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 15 Religious Coping Strategies 3	I16.	Do you believe prayer can help heal depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 16	I17.	Can you afford mental health treatment for depression?	YES..... 1 NO..... 2 DK..... 8 RF..... 9				
PARCD 17	I18.	Do you have health insurance that will cover enough of the costs for your depression care?	YES..... 1 NO..... 2 DK..... 8 RF..... 9				

			Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
PARCD 18	I19.	Do you feel Dr. (PCP NAME) recognizes when something emotionally is wrong with you? Would you say you (READ CATEGORIES)?	1	2	3	4	5
PARCD 19	I20.	Do you believe Dr. (PCP NAME) believes your depression symptoms are real? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 20	I21.	Would you be embarrassed if your friends knew you were getting professional help for depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 21	I22.	Would you not want your employer to know you were getting professional help for depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 22	I23.	Do you feel if you have depression, your family would be disappointed in you? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5

SECTION J: RELIGIOUS AND COPING STRATEGIES

We only have a few questions left!

Religious Coping Strategies 1	J1.	How often have you discussed your religion, spiritual concerns, or faith with your primary care provider? Would you say (READ CATEGORIES)?	Often	1
			Occasionally.....	2
			Sometimes or seldom.....	3
			Not often	4
			Never..... (SKIP TO J4)	5
			DK	8
			RF	9
Religious Coping Strategies2	J2.	Did you or your provider bring up religion, spiritual concerns, or faith?	PATIENT (SELF)	1
			PROVIDER.....	2
			DK	8
			RF	9
Religious Coping Strategies 3	J3.	How helpful was it to discuss religion, spiritual concerns, or faith? Would you say (READ CATEGORIES)?	Not at all helpful.....	1
			A little helpful.....	2
			Somewhat helpful.....	3
			Very helpful	4
			DK	8
			RF	9
Religious Coping Strategies 8	J4.	Would you like to discuss your religion, spiritual concerns, or faith with your primary care provider?	YES.....	1
			NO.....	2
			DK	8
			RF	9

Financial 1

J15. To get a picture of people's financial situation, we need to know the general range of income of all people we interview. Now, think about your household's total income from all sources, before taxes, including wages, salaries, and any other income. About how much did your household receive **in the last 12 months**?

TOTAL INCOME.....\$
(IF AMOUNT GIVEN, SKIP TO J6.)
 DK (ASK A) 8
 RF (ASK A) 9

A. Can you tell me if your total household income was more or less than \$10,000 in the past 12 months?

LESS THAN \$10,000 (SKIP TO J6) 1
 MORE THAN \$10,000 2
 DK (SKIP TO J6) 8
 RF (SKIP TO J6) 9

B. Can you tell me if your total household income was more or less than \$35,000 in the past 12 months?

LESS THAN \$35,000 1
 MORE THAN \$35,000 2
 DK 8
 RF 9

Financial 2

J6. How difficult is it for you or people living in your household to pay your monthly bills? Would you say (READ CATEGORIES)?

Not at all difficult 1
 Not very difficult 2
 Somewhat difficult 3
 Very difficult 4
 DK 8
 RF 9

No longer applies PROGRAMMER NOTE: If A3=1, display "you."
 Otherwise, If A3a=1 or 2, display "your family."
 Otherwise, If A3a=3 or 4, display "people living in your household."