

Patient Study Number
Label

Date - -

Interviewer

Total Time



Baseline Questionnaire CATI

Prepared for:

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The Business of Innovation

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SECTION A: DEMOGRAPHICS

DEMO1	A1.	Are you currently married, separated, divorced, widowed, or have you never married?	MARRIED 1 SEPARATED 2 DIVORCED 3 WIDOWED 4 NEVER MARRIED 5 DK 8 RF 9
DEMO2	A2.	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 more than half 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
DEMO3	A3.	Do you live alone or with other people?	LIVE ALONE (SKIP TO A5) 1 LIVE WITH OTHERS 2 DK 8 RF 9
	A.	Do you live with a spouse or partner, a relative, or do you live with unrelated individuals, for example friends? CODE ALL THAT APPLY.	SPOUSE OR PARTNER 1 LIVE WITH RELATIVE 2 LIVE WITH UNRELATED INDIVIDUALS (i.e., FRIENDS) 3 DK (SKIP TO A4) 8 RF (SKIP TO A4) 9
DEMO4	A4.	How many people, counting yourself, live in your household?	# IN HH <input type="text"/> <input type="text"/> DK 98 RF 99
DEMO5	A5.	How many children have you given birth to?	# CHILDREN <input type="text"/> <input type="text"/> DK 98 RF 99

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 the provider or his/her staff and they will in no way affect your care.

PPV Qx1
P-PCP
Relation1

- A6. 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.

STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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- 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
---	---	---	---	---

- f. I like this provider

1	2	3	4	5
---	---	---	---	---

PPV Qx4
Patient-PCP
Relationship4
Friendly1
PPV Qx5
Patient PCP
Relationship5
Respect1
PPV Qx6
Patient PCP
Relationship6
Doctor Likes1
PPV Qx7
Patient PCP
Relationship7PPV Qx8
Patient PCP
Relationship8
Patient Likes1Satisfaction
with Health
Care 1

- A7. 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

PPV Qx8
Your Last
Medical Visit

- A8. During your most recent health care visit for emotional or health care problems, did a provider or other health professional ask you (READ STATEMENTS)?

YES	NO
-----	----

- a. How long you had felt sad or depressed

1	2
---	---

- b. About your use of alcohol in the past month

1	2
---	---

- c. Whether you had been treated for depression before

1	2
---	---

- d. Whether you had thoughts of hurting yourself

1	2
---	---

- e. Whether you had felt so high or excited or manic that you got into trouble

1	2
---	---

Patient Post-
Visit
Questionnaire
9
Your Last
Medical Visit

A9. During your most recent visit, did a provider or other health professional (READ STATEMENTS)?

	YES	NO
a. Tell you that you had depression.....	1	2
b. Treat you for depression.....	1	2
c. Recommend that you get help for depression.....	1	2
d. Recommend that you go for counseling to another provider or therapist	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
g. Treat you in any other way for personal or emotional problems	1	2

PROGRAMMER NOTE: IF A9e OR f = YES, ASK A10. OTHERWISE SKIP TO A12.

PPVQx11
MED3

A10. 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 doctor's office?	1	2
c. Were you told to take the medication every day? .	1	2

PPVQ12
MED4

A11. 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

A12. During your most recent visit, how much time do you 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?

	None	1 minute or less	1-5 minutes	6-10 minutes	11+ minutes
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 make you feel better (e.g. exercise, getting out with others).....	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

- A13. 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 in your Primary Care Provider (PCP) and other health professionals

Trust in
Health Prof1
Patient PCP
Relationship6

- A14. 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

- A15. DELETED

Trust in
Health
Professional 3
Relationship 8

- A16. How much 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).

- A17. How often does your PCP (READ STATEMENTS)?
Would you say (READ CATEGORIES)?

	Never	Rarely	Some- times	Often	Very often
a. listen carefully to you	0	1	2	3	4
b. explain things in a way you can understand.....	0	1	2	3	4
c. spend enough time with you	0	1	2	3	4

Communication
with Primary
Care Provider 2
Communication
with Primary
Care Provider 3
Communication
with Primary
Care Provider 3

Participatory
Decision
Making 1

- A18. 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

- A19. 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

SECTION B: 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 B1. Are you **currently** taking any prescription medications, not including birth control pills, vitamins, or antibiotics? YES 1
NO (SKIP TO B3B) 2
DK (SKIP TO B3B) 8
RF (SKIP TO B3B) 9

Med2 B2. How many different medications are you **currently** taking? IF DK, PROBE: How many medications would you be able to tell us about? # MEDS
DK 98
RF 99

INTERVIEWER NOTE: If R is confused by this question, read: "Taking the same medication twice a day counts as one."

Med5 B3A. 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? # MEDS
DK (SKIP TO SECTION C) 98
RF (SKIP TO SECTION C) 99

B3B. 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 B1 = 2, 8, or 9 and B3B = 2, 8, or 9, skip to Section C.

Med7 B4. 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 B5. 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 B6. 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 B6=1, display "tell me the dosage of this medication," or
If B6=2, display "read me the dosage of this medication exactly as it appears on the label."

Med 10 B7. During **the past 30 days**, how many days did you actually take this medication?

DAYS ON MEDS

DK 8

RF 9

Med 11 B8. How many pills, capsules, or other measures of this 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 B5-B8 for each. If no additional meds, go to B9.

Allow for 0 in B8. If B8 = 0, prompt interviewer: "Please specify frequency."

Med 12 B9. In the **past 6 months**, did you stop taking any of these medications for personal or emotional problems on your own without your provider telling you to do so?

YES 1

NO 2

DK 8

RF 9

Med 13

- B10. 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 C: CIDI

Diag Int 1
MDep 1
E1

C1.	Now I want to ask you about periods of feeling sad, empty, or depressed. In the last 12 months , have you had two weeks or longer when nearly every day you felt sad, empty, or depressed most of the day?	NO.....1 YES.....5 PRB: 1 3 4 5	
	MD: _____ OTHER: _____		
C2.	In the past 12 months , have you had 2 weeks or longer when you lost interest in most things like work, hobbies, and other things you usually enjoyed?	NO.....1 YES.....5 PRB: 1 3 4 5	
	MD: _____ OTHER: _____		
	IF C1 AND C2 BOTH CODED PRB 1, SKIP TO C31.		

Diag Int 2
E2

Diag Int 3
E3

	I. EVER IN 12 MONTHS	II. AT THAT TIME:	
		NO	YES
LACKING ENERGY			
C3.	During a period lasting two weeks or longer when you (felt sad, empty or depressed/lost interest in things) in the last 12 months , did you lack energy or feel tired all the time nearly every day, even when you had not been working very hard?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1 5

Diag Int 4
E4

Diag Int 5
E5

Diag Int 6
E6

	I. EVER IN 12 MONTHS	II. AT THAT TIME:	
		NO	YES
APPETITE CHANGE			
C4.	What about other problems you had during a period when you (felt depressed/lost interest in things/felt tired all the time) for two weeks or longer in the last 12 months ? (Did you have less appetite than usual almost every day?)	NO.....1 YES.....5 PRB: 1 2 3 4 5	1 5
C5.	During one of those periods, did you lose weight without trying to, as much as (two pounds/a kilo) a week for several weeks?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1 5 WEIGHT LOST: lbs / Kg
	FOR COL. II ONLY: How much weight did you lose?		
C6.	During one of those periods, did you have a much larger appetite than is usual for you almost every day for two weeks or more?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1 5
	CODE 1 IF ONLY BECAUSE PREGNANT.		

Diag Int 7
E7

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
C7.	During one of those periods, did your eating increase so much that you gained weight—as much as (two pounds/a kilo) a week for several weeks?	NO.....1	1	5
		YES.....5		
		PRB: 1 2 3 4 5	WEIGHT GAINED: <input type="text"/> <input type="text"/> Lbs/Kg	
		CODE 1 IF ONLY REGAINED WEIGHT LOST.		
FOR COL. II ONLY: How much weight did you gain?				

Diag Int 8
E8

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
SLEEP PROBLEMS				
C8.	When you (were feeling depressed/had lost interest/lacked energy) in the last 12 months , did you have trouble sleeping almost every night for two weeks or more—either trouble falling asleep, waking in the middle of the night, or waking up too early?	NO.....(SKIP TO C9).....1	1	5
		YES.....(ASK A).....5		
		PRB: 1 2 3 4 5		
		A. Did you wake up at least two hours before you wanted to every day for at least 2 weeks ?		
		NO.....1	1	5
		YES.....5		
		PRB: 1 2 3 4 5		
C9.	During a period when you (felt depressed/had lost interest/lacked energy) in the last 12 months , were you sleeping too much almost every day?	NO.....1	1	5
		YES.....5		
		PRB: 1 2 3 4 5		

Diag Int 9
E9

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
Diag Int 10 E10	SLOW/RESTLESS			
	C10. During one of those periods in the last 12 months , did you talk or move more slowly than is normal for you almost every day for at least two weeks?	NO..... (SKIP TO C11).....1 YES.....(ASK A)5 PRB: 1 2 3 4 5	1	5
	A. Did anyone else notice that you were talking or moving slowly?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 11 E11	C11. During one of those periods, did you have to be moving all the time—that is you couldn't sit still and paced up and down or couldn't keep your hands still when sitting?	NO..... (SKIP TO C12).....1 YES.....(ASK A)5 PRB: 1 2 3 4 5	1	5
	A. Did anyone else notice that you were moving all the time?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
Diag Int 12 E12	WORTHLESS OR GUILTY			
	C12. During one of those periods in the last 12 months , did you feel worthless nearly every day?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
	A. Did you feel guilty? FOR COL. II ONLY, ASK IF C12 OR C12A CODED 5 IN COL. II.	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
	B. Was there a particular reason for feeling (worthless/guilty)? SPECIFY: _____ _____	NO.....1 YES.....5	1	5
	C. WAS R FEELING WORTHLESS/GUILTY ONLY ABOUT BEING IMPAIRED BY DEPRESSION?	NO.....1 YES.....5	1	5

IF B CODED 5, CODE C. IF CODED 1, GO TO NEXT CODE 5 IN COL I.

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
Diag Int 13 E13	LACK OF CONFIDENCE C13. During one of those periods in the last 12 months , did you feel that you were not as good as other people?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 14 E14	C14. Did you have so little self confidence that you wouldn't try to have your say about anything?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
			NO	YES
Diag Int 15 E15	TROUBLE THINKING C15. During one of those periods in the last 12 months , did you have a lot more trouble concentrating than is normal for you?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
	A. Were you unable to read things that usually interested you or watch television or movies you usually liked, because you couldn't pay attention to them?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 16 E16	C16. Did your thoughts come much slower than usual or seem mixed up?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 17 E17	C17. Were you unable to make up your mind about things you ordinarily had no trouble deciding about?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5

THOUGHTS OF DEATH		I.	II.	
		EVER IN 12 MONTHS	NO	YES
Diag Int 18 E18	C18. During one of those periods in the last 12 months , did you think a lot about death?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 19 E19	C19. In the last 12 months did you feel so low you thought a lot about committing suicide?	NO..... (SKIP TO C21).....1 YES.....(ASK A)5 PRB: 1 2 3 4 5	1	5
	A. Did you make a plan as to how you might do it?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 20 E20	C20. In the last 12 months , did you attempt suicide?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
PROGRAMMER NOTE: ADD TOGETHER THE NUMBER OF 5'S IN C1, C2, PLUS THE NUMBER OF BOXES WITH AT LEAST ONE 5. IS THE TOTAL 4 OR MORE?		NO..... (SKIP TO SECTION D)1 YES.....5 PRB: 1 2 3 4 5	1	5

		I.	II.	
		EVER IN 12 MONTHS	AT THAT TIME:	
			NO	YES
Diag Int 22 E22	C22. During the two week period of (feeling depressed/having lost interest/lacking energy) in the last 12 months , did you feel particularly bad when you first got up, but felt better later in the day?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 23 E23	C23. During one of those periods in the last 12 months , was your interest in sex a lot less than usual?	NO.....1 YES.....5 NO INTEREST EVER.....6 PRB: 1 2 3 4 5	1	5
Diag Int 24 E24	C24. Did you lose the ability to enjoy having good things happen to you, like winning something or being praised or complimented?	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 25 E25	C25. During any period of (feeling sad, empty, or depressed/having lost interest) in the last 12 months , did you tell a provider about your feelings and about the problems you were having at the time with (LIST 5Xs CODED 5 IN C3-C20)? IF NOT CODED PRB5, SKIP TO NEXT MODULE.	NO.....1 YES.....5 PRB: 1 2 3 4 5	1	5
Diag Int 26 E26	C26. In the last 12 months , what is the longest period like that you've had? IF ENTIRE 12 MONTHS, ENTER 52. (MONTHS X* 4=# WEEKS) IF 0 TO 13 DAYS, CODE 001 AND SKIP TO CESD 1Q69, NEXT MODULE. A. Did any period lasting two weeks or longer in the last 12 months seriously interfere with your ability to do your job, take care of your house or family, or take care of yourself?	# OF WEEKS PRB: 1 2 3 4 5 NO.....1 YES.....5 PRB: 1 2 3 4 5		
Diag Int 27 E27	C27. ONS/REC: When was the (first/last) time you had a period of two weeks or more when you (felt sad, empty, or depressed/lost interest/lacked energy) and also had some of these problems like (SX CODED 5 IN C4-C20)?	PRB: 1 5 ONS: 1 2 3 4 5 6 AGE ONS: REC: 1 2 3 4 5 6 AGE REC: 		
Diag Int 28 E28	C28. DELETED			

Diag Int 29
E29

C29. In the last **12 months**, how many different periods have you had that lasted **two weeks** or more when you (felt depressed/lost interest in things/lacked energy) and had some of the problems we've talked about?

A. In between any of these periods of (feeling depressed/having no interest in things/lacking energy) were you feeling okay for some months?

B. Between your periods of depression, were you as able to work and enjoy being with other people as you were before they began?

C. Did that time in the last **12 months** when you felt okay and enjoyed being with other people last at least 2 full months?

D. In the last **12 months**, how many separate periods of (being depressed/loss of interest/lacking energy) did you have? Count periods of (being depressed/loss of interest/lacking energy) **only** if they were separated by **2 months** or more of feeling okay.

Diag Int 30
E30

C30. Did (this period/any of these periods) of (depression/loss of interest/lack of energy) in the last **12 months** occur just after someone close to you died? IF R VOLUNTEERS THAT THIS BEGAN MORE THAN 2 MONTHS AFTER DEATH, CODE 1 (NO) AND SKIP TO B.

A. In the last **12 months**, have you had any period of (feeling depressed/having lost interest/ lack of energy) along with these other problems (LIST 3 SX CODED 5 FROM C3-C20) at times when it wasn't just after the death of someone close to you?

IF MALE (Q11 FROM SCREENER=1) OR NO CHILDREN (A5=0 FROM BEGINNING OF BASELINE) OR AGE IS 50 OR MORE (A2 FROM SCREENER), SKIP TO C31.

I.		II.	
EVER IN 12 MONTHS		AT THAT TIME:	
		NO	YES
# OF EPISODES..... <input type="text"/> <input type="text"/> <input type="text"/> PRB: 1 2 3 4 5			
NO (SKIP TO C30)1 YES5 PRB: 1 2 3 4 5			
NO (SKIP TO C30)1 YES5 PRB: 1 2 3 4 5			
NO (SKIP TO C30)1 YES5 PRB: 1 2 3 4 5			
# OF EPISODES..... <input type="text"/> <input type="text"/> <input type="text"/>			
NO (SKIP TO B)1 YES5 PRB: 1 2 3 4 5			
NO, ONLY AFTER DEATH (SKIP TO C31)1 YES, OTHER TIMES5 PRB: 1 2 3 4 5			

		I.	II.
		EVER IN 12 MONTHS	AT THAT TIME: NO YES
	B. Did (this/any of these period[s]) start within a month of having a baby?	NO 1 YES 5 PRB: 1 2 3 4 5	
	PROGRAMMER NOTE: DID R HAVE 2 OR MORE SEPARATE DEPRESSED PERIODS (C29D CODED 2 OR MORE)?	NO(SKIP TO CESD 1 Q69) 1 YES 5 PRB: 1 2 3 4 5	
Diag Int 32 E32	C32. Now I'd like to know about the time in the last 12 months when you were (feeling depressed/lost interest/lacked energy) for at least two weeks and had the largest number of other problems we've talked about at the same time. In what month was that? (IF CAN'T CHOOSE, PROBE: Then pick one bad two-week period.)	MONTH <input type="text"/> PRB: 1 2 3 4 5	
Diag Int 33 E33	C33. I'll be asking which of these problems you had during the two weeks last (MONTH) when you had the largest number of these problems at the same time. At that time, were you feeling sad or depressed?	NO 1 YES 5 PRB: 1 2 3 4 5	
	A. Had you lost interest in almost everything?	NO 1 YES 5 PRB: 1 2 3 4 5	

RETURN TO C3, COL. II. READ EACH QUESTION CODED 5 IN COL. I, BEGINNING AT 1. CODE IN COL. II.

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 E: PANIC DISORDER, HEALTH HABITS AND RACIAL IDENTITYPTSD Screen
1

- E1. In the **past 4 weeks**, how much of the time have you been bothered by (READ STATEMENTS)?
Would you say (READ CATEGORIES)?

	Not Bothered	Bothered a little	Bothered a lot
a. thinking or dreaming about something bad that happened recently	1	2	3
b. thinking or dreaming about something terrible that happened to you in the past —like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act.....	1	2	3

PD 1

- E2. Have you **ever** had an attack, suddenly out of the blue, that is, in situations where you didn't expect to be nervous or uncomfortable, when all of a sudden you felt frightened, anxious, or very uneasy?

YES 1
 NO (SKIP TO E5) 2
 DK (SKIP TO E5) 8
 RF (SKIP TO E5) 9

PD 2

- E3. During your attacks of feeling frightened or anxious, did you have problems like your heart pounding, feeling short of breath or faint, or trembling, nausea or upset stomach?

YES 1
 NO 2
 DK 8
 RF 9

PD 3

- E4. How many attacks like this have you had in the past 12 months?

1 or 2 1
 3 or 4 2
 5 or 6 3
 7–9 4
 10 or more 5
 DK 8
 RF 9

The following questions concern information about your possible involvement with drugs during the **past 12 months**. For purposes of this question, “drug abuse” includes the use of prescribed or over-the-counter drugs in excess of the directions and any non-medical use of drugs.

The various classes of drugs may include: cannabis (marijuana or hash), solvents, tranquilizers (Valium), barbiturates, cocaine, stimulants (speed), hallucinogens (LSD) or narcotics (heroin). **Do not include alcoholic beverages** when answering these questions.

NAPSUD 1

- E5. In the past 12 months, have you used drugs other than those required for medical reasons?

YES 1
 NO 2
 DK 8
 RF 9

- A. Have you abused prescription drugs?

YES 1
 NO (SKIP TO E6) 2
 DK (SKIP TO C) 8
 RF (SKIP TO E6) 9

- B. Do you abuse more than one drug at a time?

YES 1
 NO 2
 DK 8
 RF 9

- C. Can you get through the week without using drugs?

YES 1
 NO 2
 DK 8
 RF 9

D. Are you always able to stop using drugs when you want to?	YES	1
	NO	2
	DK.....	8
	RF.....	9

Now I would like to ask you some questions about your use of alcoholic beverages.

Alcohol Health Habits 1	E6.	How often do you have a drink containing alcohol? By a drink I mean, a can of beer, glass of wine or a shot of liquor. Would you say you never drink alcohol, you drink alcohol once a month or less, 2 to 4 times a month, 2 to 3 times a week, or 4 or more times a week?	NEVER(SKIP TO E9)	1
			MONTHLY OR LESS(SKIP TO E9)	2
			2-4 TIMES A MONTH.....	3
			2-3 TIMES A WEEK	4
			4 OR MORE TIMES A WEEK	5
			DK.....	8
			RF.....	9

Alcohol Health Habits 2	E7.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 OR 2	1
			3 OR 4	2
			5 OR 6	3
			7-9	4
			10 OR MORE	5
			DK.....	8
			RF.....	9

Alcohol Health Habits 3	E8.	How often do you have six or more drinks on one occasion? Would you say (READ CATEGORIES)?	Never	1
			Less than monthly	2
			Monthly	3
			Weekly	4
			Daily or almost daily	5
			DK.....	8
			RF.....	9

Lifestyle Factors 1 Physical Activity	A.	What is your overall level of physical activity? Would you say (READ CATEGORIES)?	Not at all active	1
			Not very active	2
			Somewhat active	3
			Very active	4
			DK.....	8
			RF.....	9

Lifestyle Factors 2 Smoking	B.	Now I would like to ask you some questions about your use of tobacco. Do you currently smoke cigarettes?	YES (SKIP TO E9).....	1
			NO (ASK C)	2
			DK.....	8
			RF.....	9

Lifestyle Factors 3	C.	Have you ever smoked cigarettes?	YES	1
			NO (SKIP TO E9).....	2
			DK..... (SKIP TO E9).....	8
			RF..... (SKIP TO E9).....	9

Lifestyle Factors 3	D.	How long has it been since you smoked cigarettes?	LAST 7 DAYS	1
			IN LAST MONTH	2
			LAST 3 MONTHS	3
			LAST 6 MONTHS	4
			LAST YEAR	5
			MORE THAN 1 YEAR	6
			DK.....	8
			RF.....	9

E9. The next series of questions pertain to your opinions and views regarding your racial identity. Please answer on a scale of 1 to 7, with 1 being strongly disagree and 7 being strongly agree.

		STRONGLY DISAGREE					STRONGLY AGREE	
Racial Identity 1	a. Overall, being Black has very little to do with how you feel about yourself.....	1	2	3	4	5	6	7
Racial Identity 2	b. In general, being Black is an important part of your self-image	1	2	3	4	5	6	7
Racial Identity 3	c. Your destiny is tied to the destiny of other Black people	1	2	3	4	5	6	7
Racial Identity 4	d. Being Black is unimportant to your sense of what kind of person you are	1	2	3	4	5	6	7
Racial Identity 5	e. You have a strong sense of belonging to Black people	1	2	3	4	5	6	7
Racial Identity 6	f. You have a strong attachment to other Black people	1	2	3	4	5	6	7
Racial Identity 7	g. Being Black is an important reflection of who you are	1	2	3	4	5	6	7
Racial Identity 8	h. Being Black is not a major factor in your social relationships.....	1	2	3	4	5	6	7

Racial Identity 9	E10. Are you an immigrant?	YES 1 NO 2 DK..... 8 RF..... 9
Racial Identity 10	E11. Are your parents or grandparents immigrants?	YES 1 NO 2 DK..... 8 RF..... 9
Racial Identity 11	E12. Is your family African, Caribbean or West Indian, Central or South American or something else? CODE ALL THAT APPLY.	AFRICAN 1 CARIBBEAN OR WEST INDIAN 2 CENTRAL OR SOUTH AMERICAN 3 OTHER (SPECIFY) 4 DK..... 8 RF..... 9
Racial Identity 12	E13. How important is it to you to have health education materials that incorporate the experiences, beliefs, and values of African Americans? Is it (READ CATEGORIES)?	Not very important 1 Somewhat important 2 Important 3 Very important 4 DK..... 8 RF..... 9
Racial Identity 13	E14. How important is it to you that health professionals consider cultural beliefs when providing medical care for you? Would you say (READ CATEGORIES)?	Not very important 1 Somewhat important 2 Important 3 Very important 4 DK..... 8 RF..... 9
Racial Identity 13	E15. How important is it to you that health professionals consider spiritual values when providing medical care for you? Would you say (READ CATEGORIES)?	Not very important 1 Somewhat important 2 Important 3 Very important 4 DK..... 8 RF..... 9
Racial Identity 14 PARCD 1	E16. How important is it to you to see a primary care clinician who is the same race or ethnicity as you? Would you say (READ CATEGORIES)?	Not very important 1 Somewhat important 2 Important 3 Very important 4 DK..... 8 RF..... 9

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	

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.	1	2	3	4	5

Do Not Duplicate

SECTION G: WORK AND PRODUCTIVITY

W&P 1 G1. 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 G2. DELETED

W&P 3 G3. 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 G4. DELETED

PROGRAMMER NOTE: IF A2 ≠ 1, 2, OR 5 (R IS NOT CURRENTLY EMPLOYED OR IN SCHOOL), SKIP TO H1 (SOCIAL SUPPORT MODULE).

W&P 5 G5. In the last month, not counting vacation time, how many hours per week did you work on average? # HOURS PER WEEK
DK 998
RF 999

W&P 6 G6. 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)?

	All of the time (100%)	Most of the time	Some of the time (50%)	A slight bit of the time	None of the time	Does not apply to your job
W&P 7 a. handle the workload	1	2	3	4	5	6
W&P 8 b. work fast enough	1	2	3	4	5	6
W&P 9 c. finish work on time.....	1	2	3	4	5	6
W&P 10 d. do your work without making mistakes	1	2	3	4	5	6
e. feel you've done what you are capable of doing	1	2	3	4	5	6

W&P 11 G7. 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: SOCIAL SUPPORT AND LIFE EVENTS

SS 1	H1.	People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Would you say (READ CATEGORIES)? READ STATEMENTS.	None of the time	A little of the time	Some of the time	Most of the time	All of the time	
	a.	Someone to help you if you were confined to bed	1	2	3	4	5	
	b.	Someone to take you to the doctor if you needed it	1	2	3	4	5	
	c.	Someone who shows you love and affection.....	1	2	3	4	5	
	d.	Someone to confide in or talk to about yourself or your problems	1	2	3	4	5	
	e.	Someone who hugs you.....	1	2	3	4	5	
	f.	Someone to get together with for relaxation	1	2	3	4	5	
	g.	Someone to help with daily chores if you were sick.....	1	2	3	4	5	
	h.	Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5	
	i.	Someone to love and make you feel wanted	1	2	3	4	5	
LE 1	H2.	During the past 12 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 you 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				
LE 3 PHQ Victimization	H4.	Have you ever been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	YES	1	NO	2	DK.....	8
			RF.....	9				
Access to Care 1	H5.	If you had to visit Dr. (PCP NAME), (the clinician you usually see), would you first need to find someone to take care of a child or other family member while you were gone?	YES	1	NO	2	DK.....	8
			RF.....	9				
Access to Care 2	H6.	How do you generally get to Dr. (PCP NAME)? Would you walk, drive yourself, or would a friend or family member drive you, would you take a taxi, or take a bus?	WALK	1	DRIVE MYSELF	2	A FRIEND OR FAMILY MEMBER WOULD DRIVE	3
			TAKE A TAXI.....	4	TAKE A BUS	5	OTHER	6
			(SPECIFY).....	6	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.	Are you 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
Health Insurance 5	H11.	Does your primary health insurance, the one that pays your bill first, allow you to choose any provider or does it require you to choose from a group or list of providers?	ANY PROVIDER 1 CHOOSE FROM A GROUP/LIST 2 DK 8 RF 9
Health Insurance 6	H12.	If you wanted to see a mental health professional, do you choose from a list of insurance approved mental health professionals, go to any mental health professional you choose or do you go to a mental health professional recommended by your provider?	LIST OF INSURANCE APPROVED MENTAL HEALTH PROFESSIONALS 1 ANY MENTAL HEALTH PROFESSIONAL 2 PROVIDER-RECOMMENDED PROFESSIONAL 3 DK 8 RF 9
Health Insurance 7	H13.	Under your primary health insurance plan, do you have to see your regular provider before you can see a mental health specialist like a psychiatrist, psychologist, psychiatric nurse or counselor?	YES 1 NO 2 DK 8 RF 9
Health Insurance 8	H14.	Do you have to pay extra to see a mental health specialist?	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 <input type="text"/> NONE 00 DK 98 RF 99
Use of Medical Care 2	H16.	Have you ever been an overnight patient in a hospital for any emotional or mental problems? IF YES, PROBE: In the past 6 months?	YES, IN THE PAST 6 MONTHS 1 YES, BUT NOT IN THE PAST 6 MONTHS (SKIP TO H20) 2 NO (SKIP TO H20) 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 <input type="text"/> 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 <input type="text"/> 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

- H20. 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

- H21. 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

- H22. Were any of these (INSERT # FROM H20) visits to health professionals who 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

- H23. 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

- H24. 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

- H25. 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

- H26. 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

- H27. 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

11. 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
-------------	-----------------	-----------	-------------------	---------------

Attitudes &
Preferences
Questions 2

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

1	2	3	4	5
---	---	---	---	---

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
---	---	---	---	---

Attitudes &
Preferences
Questions 4

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

1	2	3	4	5
---	---	---	---	---

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.

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)?

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

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
			Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
PARCD 16	I17.	Do you feel you can afford mental health treatment for depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5
PARCD 17	I18.	Do you feel you have health insurance that will cover enough of the costs for your depression care? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5

			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 your family would be disappointed in you if they knew you were getting professional help for depression? (Would you say you [READ CATEGORIES]?)	1	2	3	4	5

SECTION J: PHYSICAL COMORBIDITY

We only have a few questions left!

Physical
Comorbidity 1

J1. Now I have a list of health problems that some people have. Please tell me if you now have any of these problems. Do you currently have (READ LIST)?

	YES	NO	DK	RF
a. high blood sugar or diabetes	1	2	8	9
b. hypertension or high blood pressure	1	2	8	9
c. arthritis or rheumatism	1	2	8	9
d. trouble breathing, for example, caused by asthma, emphysema, or chronic lung disease	1	2	8	9
e. cancer diagnosed within the last three years, do not include skin cancer	1	2	8	9
f. a neurological condition, such as epilepsy, convulsions or Parkinson's Disease	1	2	8	9
g. a stroke or major paralysis or the inability to use your arms or walk.....	1	2	8	9
h. heart failure or congestive heart failure ...	1	2	8	9
i. angina or coronary artery disease.....	1	2	8	9
j. back problems including disk or spine lasting more than one week.....	1	2	8	9
k. irritable bowel disorder, chronic inflamed bowel, enteritis, or colitis.....	1	2	8	9
l. thyroid disease or are you currently taking thyroid medication	1	2	8	9
m. kidney failure.....	1	2	8	9
n. eye diseases cataract, glaucoma, macular degeneration.....	1	2	8	9

Religious
Coping
Strategies 4
Religious
Affiliation

J2. This last series of questions addresses your religious and spiritual beliefs. Are you affiliated with any religious group or denomination?

YES 1
NO 2
DK 8
RF 9

Religious
Coping
Strategies 4
Subjective
Religiosity

J3. In general, how important is religion or spirituality in your life? Would you say (READ CATEGORIES)?

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

Religious Coping Strategies 6	J4.	How often do you seek spiritual comfort, such as meditation, prayer, reading spiritual books or scriptures, participating in spiritual activities with at least one other person, etc.? Would you say (READ CATEGORIES)?	Never 1 Rarely 2 Sometimes 3 Often 4 Almost always 5 DK 8 RF 9
Religious Coping Strategies 7	J5.	To what extent does your faith help you decide how to cope with an important life event? Would you say (READ CATEGORIES)?	Not at all 1 Somewhat 2 Quite a bit 3 A great deal 4 DK 8 RF 9
Religious Coping Strategies 8	J6.	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 J9) 5 DK 8 RF 9
Religious Coping Strategies 9	J7.	Did you or your provider bring up religion, spiritual concerns, or faith?	PATIENT (SELF) 1 PROVIDER 2 DK 8 RF 9
Religious Coping Strategies 9	J8.	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 11	J9.	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	J10.	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 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF AMOUNT GIVEN, SKIP TO J11.) 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 J11) 1 MORE THAN \$10,000 2 DK (SKIP TO J11) 8 RF (SKIP TO J11) 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

J11. How difficult is it for (you/your family/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

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."

Do Not Duplicate