

Patient Study Number
Label

Date - -

Interviewer



Enrollment Screener CAPI

Prepared for:

Johns Hopkins School of Medicine

Prepared by:

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The Business of Innovation

Centers for Public Health Research and Evaluation
Baltimore, Maryland

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Age S1. Are you between the ages of 18 and 75 years old?

YES 1
 NO (END) 2
 DK 8
 RF (END) 9

END. Thank you for your time. We are only including respondents between the ages of 18 and 75 in our study.

Age S2. What is your date of birth?

DOB : :
 MM DD YY
 DK 98/98/9998
 RF 99/99/9999

Ethnicity S3. Are you of Hispanic or Latino Origin?

YES 1
 NO 2
 DK 8
 RF 9

Race S4. What race do you **most closely** identify with? CODE ALL THAT APPLY. DO **NOT** CODE FROM OBSERVATION.

AMERICAN INDIAN OR ALASKA NATIVE (END) 1
 ASIAN (END) 2
 BLACK, AFRICAN AMERICAN, AFRO-CARIBBEAN 3
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (END) 4
 OTHER (SPECIFY AND END) 5
 DK (END) 8
 RF (END) 9

SPECIFY: _____

END. Thank you for your time. We are only including African-Americans in our study at this time.

PROGRAMMER NOTE: IF R SELF-IDENTIFIES AS AFRICAN AMERICAN AND GIVES MORE THAN ONE RACE, THEY ARE INCLUDED IN THE STUDY.

Language S5. Are you comfortable answering questions about your health in English?

YES 1
 NO (END) 2

END. Thank you for your time. We are only including English-speaking respondents in our study.

Depression
ScreenerS6. In the last **twelve months**, have you had **two weeks or more** when (READ STATEMENTS)?

	YES	NO	DK	RF
a. nearly every day you felt sad, empty or depressed for most of the day?	1	2	8	9
b. you lost interest in most things like work, hobbies and other things you usually enjoyed?	1	2	8	9

PROGRAMMER NOTE:

If both a **and** b are NO, END.
 Otherwise, if a **or** b = YES, ask S7.
 Otherwise, if a **or** b = NO, and a **or** b = DK, ask S7.
 Otherwise, if a **or** b = NO and a **or** b = RF, END.
 Otherwise, if both a **and** b = DK, ask S7.
 Otherwise, if a **or** b = DK and a **or** b = RF, END
 Otherwise, if a **and** b = RF, END.

END. Thank you for taking the time to answer our questions today. Based on your responses, you are not eligible to participate in this study.

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Depression
ScreenerS7. In the **last month**, did you have a period of **one week or more** when (READ STATEMENTS)?

	YES	NO	DK	RF
a. nearly every day you felt sad, empty or depressed for most of the day?	1	2	8	9
b. you lost interest in most things like work, hobbies and other things you usually enjoyed?	1	2	8	9

PROGRAMMER NOTE:

If both a **and** b are NO, END.
 Otherwise, if a **or** b = YES, ask S8.
 Otherwise, if a **or** b = NO, **and** a **or** b = DK, ask S8.
 Otherwise, if a **or** b = NO **and** a **or** b = RF, END.
 Otherwise, if both a **and** b = DK, ask S8.
 Otherwise, if a **or** b = DK **and** a **or** b = RF, END
 Otherwise, if a **and** b = RF, END.

END. Thank you for taking the time to answer our questions today. Based on your responses, you are not eligible to participate in this study.

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Bereavement

S8. Did your most recent period of feeling sad, depressed or without interest begin just after someone close to you died?

YES 1
 NO (SKIP TO S9) 2
 DK (SKIP TO S9) 8
 RF (SKIP TO S9) 9

A. Was the death within the last two months?

YES (END) 1
 NO 2
 DK 8
 RF 9

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IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Readiness for treatment	S9.	Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement. I feel I need treatment for depression at this time.	STRONGLY AGREE	1
			AGREE	2
			DISAGREE	3
			STRONGLY DISAGREE	4
			DK.....	8
			RF.....	9

Treatment Utilization	S10.	Have you seen a psychiatrist, psychologist, social worker, or mental health counselor at least twice in the past six weeks ?	YES	(ASK A).....	1
			NO	(SKIP TO S11)	2
			DK.....	(SKIP TO S11)	8
			RF.....	(END)	9
	A.	Do you have an upcoming appointment scheduled with this person?	YES	(END).....	1
			NO	(END).....	2
			DK.....	(END).....	8
			RF.....	(END).....	9

END. Thank you for taking the time to answer our questions today. Based on your responses, you are not eligible to participate in this study.

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Demographic	S11.	Are you male or female? IF OBVIOUS, CODE WITHOUT ASKING.	MALE	(SKIP TO S13)	1
			FEMALE	2	

Pregnancy	S12.	Are you pregnant or breastfeeding now, or have you given birth in the last two months?	YES	(END)	1
			NO	2	
			DK.....	8	
			RF.....	9	

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IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Education	S13.	What is the highest year of school you have completed?	ELEMENTARY (1-8).....	(SKIP TO S15)	1
			HIGH SCHOOL (9-12).....	(ASK S14)	2
			COLLEGE (13-16)	(SKIP TO S15)	3
			GRADUATE (17+)	(SKIP TO S15)	4
			DK.....	(SKIP TO S15)	8
			RF.....	(SKIP TO S15)	9

S14.	Did you get a diploma or a GED?	DIPLOMA	1
		GED.....	2
		DK.....	8
		RF.....	9

PROGRAMMER NOTE: FOR QUESTIONS S15 THROUGH S18, IF 2 QUESTIONS CODED YES, END.

END. Thank you for taking the time to answer our questions today. Based on your responses, you are

not eligible to participate in this study.

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

CAGE1	S15.	In the last year , have you ever felt you ought to cut down on your use of alcohol, street drugs or other medicines?	YES 1 NO 2 DK 8 RF 9
CAGE2	S16.	In the last year , have people annoyed you by criticizing your use of alcohol, street drugs or other medicines?	YES 1 NO 2 DK 8 RF 9
CAGE3	S17.	In the last year , have you ever felt bad or guilty about your use of alcohol, street drugs or other medicines?	YES 1 NO 2 DK 8 RF 9
CAGE4	S18.	In the last year , have you used alcohol, drugs, or other medicines first thing in the morning to steady your nerves or as an eye opener ?	YES 1 NO 2 DK 8 RF 9
Mania	S19.	Has a health professional ever told you that you were manic or had a bipolar disorder?	YES (END) 1 NO 2 DK 8 RF 9

END. Thank you for taking the time to answer our questions today. Based on your responses, you are not eligible to participate in this study.

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss them with your doctor.

Stay at clinic	S20.	During the next 12 months, do you expect to receive most of the care for your medical needs from one of the health care providers in this clinic?	YES 1 NO (END) 2 DK (END) 8 RF (END) 9
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Thank you for taking the time to answer our questions today. Based on your responses to our questions, you would be eligible to participate in this study. May we have your permission to provide you with some additional information regarding this study?

IF NEEDED. I am not qualified to give you any medical diagnosis or medical advice. If you have concerns about depression, you should discuss it with your doctor.