

SECTION A: DEMOGRAPHICSPatient 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 (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 |
|----------------------|----------|-------------------------------------|-------|-------------------|
|----------------------|----------|-------------------------------------|-------|-------------------|

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
Patient Likes1

- f. I like this provider

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

Satisfaction
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 |
|---|---|

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 |

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 H: SOCIAL SUPPORT AND LIFE EVENTS

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
 NONE00
 DK98
 RF99

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

YES, IN THE PAST 6 MONTHS1
 NO (SKIP TO H18)3
 DK8
 RF9

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
 DK98
 RF99

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

OF VISITS
 DK98
 RF99

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
 DK98
 RF99

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
 DK98
 RF99

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 time1
A little of the time2
Some of the time3
Most of the time4
All of the time5
DK8
RF9

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?

YES1
NO2
R HAS NO INSURANCE3
DK8
RF9

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
DK98
RF99

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
DK98
RF99

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
DK98
RF99

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.

PSYCHIATRIST1
PSYCHOLOGIST2
SOCIAL WORKER3
PSYCHIATRIC NURSE4
COUNSELOR5
OTHER (SPECIFY)6
DK8
RF9

Use of
Medical Care
13

- H27. Were any of these visits to mental health specialists who were not covered by your regular health plan?

YES1
NO2
R HAS NO INSURANCE3
DK8
RF9

SECTION E/J: RELIGIOUS AND COPING STRATEGIES

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

| | | | |
|--------------------------------|-----|--|--|
| 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 |

SECTION K: SATISFACTION WITH CASE MANAGEMENT

Satisfaction
with DCM 1

- K1. The next few questions are about your Case Manager. If you do not have a Case Manager, you may just say the question does not apply to you.

How dissatisfied or satisfied were you with the overall case management available to you during this study? [[Would you say you are very dissatisfied, dissatisfied, neither dissatisfied not satisfied, satisfied, very satisfied, don't know, refuse to answer, does not apply]

VERY DISSATISFIED..... 1
DISSATISFIED..... 2
NEITHER DISSATISFIED NOR SATISFIED..... 3
SATISFIED..... 4
VERY SATISFIED..... 5
DK..... 8
RF..... 9
DOES NOT APPLY..... 10

Satisfaction
with DCM 2

- K2. Describe how helpful the case manager was in:

- a) Helping you to identify your concerns
b) Encouraging you to talk to [insert PCP name]

A,b,c,d ALL get:

Not at all helpful..... 1
A little helpful..... 2

- | | | |
|--|------------------------------|----|
| c) Helping you to prepare questions to discuss with [insert PCP name] | Somewhat helpful | 3 |
| d) Helping you to practice what you want to say to [insert PCP], or another health care professional | Extremely helpful..... | 5 |
| | DK..... | 8 |
| | RF..... | 9 |
| e) Is there anything else you would like to tell us about your Case Manager? | Does not apply..... | 10 |
| | e) _____ (write in response) | |

Satisfaction
with DCM 3

- K3. How important was it to know that the case manager supports and care about you? Would you say (READ CATEGORIES)?

Not at all important.....1
 Not very important somewhat important.....2
 Very important.....3
 DK.....4
 RF.....5
 Does not apply.....10

Satisfaction
with DCM 4

- K4. Do you feel the number of contact calls with the Case Manger is (READ CATEGORIES)?

Too few.....1
 Just right.....2
 Too many.....3
 DK.....4
 RF.....5
 Does not apply.....10

Do Not Duplicate