

SECTION A: EVALUATION OF INTERVENTION

As part of the Bridge Study, you received educational materials and were assigned to get phone calls from the Case Manager, (INSERT DCM's NAME). These questions are about those materials and phone calls.

DCM Intervention 1	A1.	How much of the videotape, <i>Black and Blue</i> or, <i>Coping with Symptoms of Depression</i> (INSERT VIDEO TITLE BASED ON R's ID), did you watch? Would you say (READ CATEGORIES)?	ALL/ MOST.....	1				
			PART.....	2				
			NONE.....(SKIP to A3)	3				
			DK.....	8				
			RF.....	9				
DCM Intervention 2	A2.	With regard to the videotape, <i>Black and Blue</i> or, <i>Coping with Symptoms of Depression</i> (INSERT VIDEO TITLE BASED ON R's ID); would you say (READ CATEGORIES)?	STRON GLY DISAG REE	DIS AGR EE	AGRE E	STRO NGLY AGRE E	DK	RF
DCM Intervention 3	a.	the video presented helpful information	1	2	3	4	5	6
	b.	the video had too little information	1	2	3	4	5	6
	c.	the video had too much information	1	2	3	4	5	6
DCM Intervention 5	d.	you could identify with people in the video who spoke about their experience with depression .	1	2	3	4	5	6
DCM Intervention 6	e.	you could identify with the message in the video	1	2	3	4	5	6
	f.	you feel it is easier to accept a diagnosis of depression after seeing the video.....	1	2	3	4	5	6
	g.	feel more hopeful that you can recover from depression after seeing the video.....	1	2	3	4	5	6
	h.	you are willing to accept treatment for depression.....	1	2	3	4	5	6
	i.	you believe spirituality alone (without medical treatment) will heal depression.....	1	2	3	4	5	6
	j.	Did any of your family members or close friends watch the video?	YES	1				
			NO	2				
			DK.....	8				
			RF.....	9				
DCM Intervention 7	A3.	How much of the book, <i>Chicken Soup for the African American Soul</i> , or, <i>How to Heal Depression</i> (INSERT BOOK TITLE BASED ON R's ID), did you read? Would you say (READ CATEGORIES)?	ALL/ MOST.....	1				
			SOME	2				
			NONE.....(SKIP to A5)	3				
			DK.....	8				
			RF.....	9				
DCM Intervention 8	A4.	With regard to the book, <i>Chicken Soup for the African American Soul</i> , or, <i>How to Heal Depression</i> (INSERT BOOK TITLE BASED ON R's ID) (READ CATEGORIES)?	Strongly Disagree	Disag ree	Agree	Strongl y Agree	DK	RF
DCM Intervention 9	a.	the book presented helpful information.....	1	2	3	4	5	6
	b.	the book had too little information	1	2	3	4	5	6
	c.	the book had too much information.....	1	2	3	4	5	6
DCM Intervention 11	d.	you could identify with the messages in the book	1	2	3	4	5	6

e. Did any of your family members or close friends read the book, too?

YES 1
NO 2
DK 8
RF 9

DCM
Intervention
12

A5. How much of the brochure, *Depression and African Americans*, or, *Depression* (INSERT BROCHURE TITLE BASED ON R's ID), did you read? (READ CATEGORIES)?

ALL/ MOST 1
SOME 2
NONE (SKIP to A7) 3
DK 8
RF 9

DCM
Intervention
13
DCM
Intervention
14

A6. With regard to the brochure *Depression and African Americans*, or, *Depression* (INSERT BROCHURE TITLE BASED ON R's ID), did you read? (READ CATEGORIES)?

	Strongly Disagree	Disag ree	Agree	Strongl y Agree	DK	RF
a. the brochure presented helpful information	1	2	3	4	5	6
b. the brochure had too little information.....	1	2	3	4	5	6
c. the brochure had too much information	1	2	3	4	5	6
d. you could identify with the messages in the brochure.....	1	2	3	4	5	6

DCM
Intervention
16

e. Did any of your family members or close friends read the brochure, too?

YES 1
NO 2
DK 8
RF 9

For patient's bolded in YELLOW only (BASED ON R's ID)

DCM
Intervention
17

A7. Did you use the prayer card? That is, did you pull it out and read it or share it with anyone else. (READ CATEGORIES)

YES 1
NO (SKIP TO A9) 2
DK 8
RF 9

DCM
Intervention
18

A8. How helpful was the prayer card? Would you say (READ CATEGORIES)?

NOT AT ALL HELPFUL 1
A LITTLE HELPFUL 2
SOMEWHAT HELPFUL 3
VERY HELPFUL 4
DK 8
RF 9

DCM
Intervention
19

A9. Did you use the BRIDGE calendar? That is, hang it up write on it, read the messages. (READ CATEGORIES)

YES 1
NO (SKIP TO A11) 2
DK 8
RF 9

DCM
Intervention
20

A10. How helpful was the BRIDGE calendar? Would you say (READ CATEGORIES)?

NOT AT ALL HELPFUL 1
A LITTLE HELPFUL 2
SOMEWHAT HELPFUL 3
VERY HELPFUL 4
DK 8
RF 9

DCM
Intervention
21

A11. With regard to the BRIDGE calendar, would you say (READ CATEGORIES)?

	Strongly Disagree	Disag ree	Agree	Strongl y Agree	DK	RF
a. the calendar presented helpful information.....	1	2	3	4	5	6
b. the calendar had too little information	1	2	3	4	5	6
c. the calendar had too much information.....	1	2	3	4	5	6
d. you could identify with the messages in the calendar	1	2	3	4	5	6

FOR ALL PATIENTSSatisfaction
with DCM 1

A12. The next few questions are about your Case Manager.

- a) Did you speak with the case manager (INSERT DCM NAME) at least once?
- b) 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]

a) YES.....	1
NO..... (SKIP TO A19).....	2
DK.....	8
RF.....	9
b) VERY DISSATISFIED.....	1
DISSATISFIED.....	2
NEITHER DISSATISFIED NOR SATISFIED.....	3
SATISFIED.....	4
VERY SATISFIED.....	5
DK.....	8
RF.....	9

Satisfaction
with DCM 2

A12. Describe how helpful the case manager was in:

- a) Helping you to identify your concerns
- b) Encouraging you to talk to [insert PCP name]
- c) Helping you to prepare questions to discuss with [insert PCP name]
- d) Helping you to practice what you want to say to [insert PCP], or another health care professional
- e) Identifying barriers to following your depression treatment plan.
- f) Providing emotional support (≥ 5 minutes per encounter).
- g) Help you to adhere to your treatment for depression.
- h) Act to handle your complaints about care received at (INSERT CLINIC) (e.g. want to change providers)
- i) Is there anything else you would like to tell us about your Case Manager?

ALL get:	
NOT AT ALL HELPFUL.....	1
A LITTLE HELPFUL.....	2
SOMEWHAT HELPFUL.....	3
EXTREMELY HELPFUL.....	5
DK.....	8
RF.....	9

i) _____ (write in response)

Satisfaction with DCM 3	A13.	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..... 2 Somewhat important 3 Very important 4 DK..... 8 RF..... 9
Satisfaction with DCM 4	A14.	Do you think (INSERT PROVIDER'S NAME) knew what topics were being covered during your conversations with (INSERT CASE MANAGER'S NAME)? Would you say (READ CATEGORIES)?	YES 1 NO 2 DK..... 8 RF..... 9
Satisfaction with DCM 5	A15.	Do you feel the number of contact calls with the Case Manager was (READ CATEGORIES)?	Too few 1 Just right 2 Too many..... 3 DK..... 8 RF..... 9
Satisfaction with DCM 6	A16.	How helpful were the telephone contacts with (INSERT CASE MANAGER'S NAME), your case manager? Would you say (READ CATEGORIES)?	NOT AT ALL HELPFUL 1 A LITTLE HELPFUL 2 SOMEWHAT HELPFUL 3 VERY HELPFUL 4 DK..... 8 RF..... 9
Satisfaction with DCM 7	A17.	How do you feel <i>after</i> speaking with (INSERT CASE MANAGER'S NAME)? Would you say (READ CATEGORIES)?	WORSE 1 NO DIFFERENT 2 BETTER 3 DK..... 8 RF..... 9
Satisfaction with DCM 8	A18.	It is often difficult for case managers to make contact with people they are trying to help. What is the major reason why we would be unable to contact you? (WRITE IN RESPONSE)	
Satisfaction with DCM 9	A19.	If a case manager calls you several times trying to make an appointment how helpful do you find these reminder calls? Would you say (READ CATEGORIES)?	NOT AT ALL HELPFUL 1 A LITTLE HELPFUL 2 SOMEWHAT HELPFUL 3 VERY HELPFUL 4 DK..... 8 RF..... 9

A21. What did you like most about the overall BRIDGE program? (WRITE IN RESPONSE)

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"> <thead> <tr> <th></th> <th>STRONGLY DISAGREE</th> <th>DISAGREE</th> <th>NEITHER AGREE NOR DISAGREE</th> <th>AGREE</th> <th>STRONGLY AGREE</th> </tr> </thead> <tbody> <tr> <td>a. Overall, I was satisfied with my last visit....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>b. My provider was friendly and warm</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>c. My provider has a great deal of respect for me.....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>d. My provider likes me.....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>e. I would recommend this provider to a friend.....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>f. I like this provider.....</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>						STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	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
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE																																												
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PPV Qx4 Patient-PCP Relationship4 Friendly1 PPV Qx5 Patient PCP Relationship5 Respect1 PPV Qx6 Patient PCP Relationship6 Doctor Likes1 PPV Qx7 Patient PCP Relationship7																																																	
PPV Qx8 Patient PCP Relationship8 Patient Likes1																																																	

PPV Qx8
Your Last
Medical Visit

B7. During your health care visit for emotional or health care problems, was there discussion about (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: If YES to any of 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

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 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 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
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

- 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?

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 C: CIDIDiag Int 1
MDep 1
E1

<p>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?</p> <p>MD: _____</p> <p>OTHER: _____</p>	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 3 4 5</p>	
<p>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?</p> <p>MD: _____</p> <p>OTHER: _____</p>	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 3 4 5</p>	
<p>IF C1 AND C2 BOTH CODED PRB 1, SKIP TO C31.</p>		

Diag Int 2
E2Diag 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?	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	1	5

Diag Int 4
E4Diag Int 5
E5Diag 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?)	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	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?	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	1	5
FOR COL. II ONLY: How much weight did you lose?		WEIGHT LOST: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> lbs / Kg	
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?	<p>NO.....1</p> <p>YES.....5</p>	1	5

	CODE 1 IF ONLY BECAUSE PREGNANT.	PRB: 1 2 3 4 5	
		I. EVER IN 12 MONTHS	II. AT THAT TIME: NO YES
Diag Int 7 E7	<p>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?</p> <p>CODE 1 IF ONLY REGAINED WEIGHT LOST.</p> <p>FOR COL. II ONLY: How much weight did you gain?</p>	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	<p>1 5</p> <p>WEIGHT GAINED:</p> <p><input type="text"/> <input type="text"/> Lbs/Kg</p>

		I. EVER IN 12 MONTHS	II. AT THAT TIME: NO YES
Diag Int 8 E8	<p>SLEEP PROBLEMS</p> <p>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?</p> <p>A. Did you wake up at least two hours before you wanted to every day for at least 2 weeks?</p>	<p>NO.....(SKIP TO C9).....1</p> <p>YES.....(ASK A).....5</p> <p>PRB: 1 2 3 4 5</p> <p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	<p>1 5</p> <p>1 5</p>
Diag Int 9 E9	<p>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?</p>	<p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	<p>1 5</p>

		I. EVER IN 12 MONTHS	II. AT THAT TIME: NO YES
Diag Int 10 E10	<p>SLOW/RESTLESS</p> <p>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?</p> <p>A. Did anyone else notice that you were talking or moving slowly?</p>	<p>NO.....(SKIP TO C11).....1</p> <p>YES.....(ASK A).....5</p> <p>PRB: 1 2 3 4 5</p> <p>NO.....1</p> <p>YES.....5</p> <p>PRB: 1 2 3 4 5</p>	<p>1 5</p> <p>1 5</p>
Diag Int 11 E11	<p>C11. During one of those periods, did you have to be moving all the time—that is you couldn't sit still and</p>	<p>NO.....(SKIP TO C12).....1</p>	<p>1 5</p>

paced up and down or couldn't keep your hands still when sitting?	YES.....(ASK A)5		
	PRB: 1 2 3 4 5		
A. Did anyone else notice that you were moving all the time?	NO.....1	1	5
	YES.....5		
	PRB: 1 2 3 4 5		

Diag Int 12
E12

WORTHLESS OR GUILTY	I. EVER IN 12 MONTHS	II. AT THAT TIME:	
		NO	YES
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.

Diag Int 13
E13

LACK OF CONFIDENCE	I. EVER IN 12 MONTHS	II. AT THAT TIME:	
		NO	YES
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
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

Diag Int 14
E14

TROUBLE THINKING	I. EVER IN 12 MONTHS	II. AT THAT TIME:	
		NO	YES

Diag Int 15 E15	C15. During one of those periods in the last 12 months , did you have a lot more trouble concentrating than is normal for you?	NO1 YES5 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?	NO1 YES5 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?	NO1 YES5 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?	NO1 YES5 PRB: 1 2 3 4 5	1	5

		I. EVER IN 12 MONTHS	II. AT THAT TIME:	
THOUGHTS OF DEATH			NO	YES
Diag Int 18 E18	C18. During one of those periods in the last 12 months , did you think a lot about death?	NO1 YES5 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?	NO1 YES5 PRB: 1 2 3 4 5	1	5
Diag Int 20 E20	C20. In the last 12 months , did you attempt suicide?	NO1 YES5 PRB: 1 2 3 4 5	1	5
Diag Int 21 E21	C21. 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 YES5 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?	NO1 YES5 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?	NO1 YES5 NO INTEREST EVER6 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?	NO1 YES5 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.	NO1 YES5 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 NO1 YES5 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?

OF EPISODES.....

PRB: 1 2 3 4 5

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

NO (SKIP TO C30)1
YES5

PRB: 1 2 3 4 5

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

NO (SKIP TO C30)1
YES5

PRB: 1 2 3 4 5

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?

NO (SKIP TO C30)1
YES5

PRB: 1 2 3 4 5

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.

OF EPISODES..... 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.

NO (SKIP TO B)1
YES5

PRB: 1 2 3 4 5

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?

NO, ONLY AFTER DEATH
(SKIP TO C31)1
YES, OTHER TIMES5

PRB: 1 2 3 4 5

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

B. Did (this/any of these period[s]) start within a month of having a baby?

NO1
YES5

PRB: 1 2 3 4 5

Diag Int 31
E31

C31. DID R HAVE 2 OR MORE SEPARATE DEPRESSED PERIODS (C29D CODED 2 OR MORE)?

NO(SKIP TO CESD 1 Q69).....1
YES5

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

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?

NO1
YES5

PRB: 1 2 3 4 5

A. Had you lost interest in almost everything?

NO1
YES5

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 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.

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

F10. Compared to one year ago (INSERT DATE R COMPLETED THEIR BASELINE), would you say your *depression* is better, the same, or worse?

BETTER	1
THE SAME	2
WORSE	3
DK.....	8
RF.....	9

Do Not Duplicate

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?	WORKING FULL TIME.....	1
			WORKING PART-TIME.....	2
			RETIRED.....	3
			DISABLED.....	4
			ATTENDING SCHOOL.....	5
			KEEPING HOUSE.....	6
			UNEMPLOYED.....	7
			DK.....	8
			RF.....	9
		Choose the status that reflects fifty-one percent of your time.		
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 A2 ≠ 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"/>
			DK.....	998
			RF.....	999
	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
W&P 7	b.	work fast enough	1	2
W&P 8	c.	finish work on time.....	1	2
W&P 9	d.	do your work without making mistakes	1	2
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

H1 deleted

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?	YES1 NO2 DK8 RF9
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)?	Never1 Almost never2 Sometimes3 Fairly often4 Very often5 DK8 RF9
Health Insurance 1	H7.	Do you have any health care insurance including Medicaid and Medicare?	YES1 NO2 (SKIP TO H15) DK8 (SKIP TO H10) RF9 (SKIP TO H15)
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?	YES1 NO2 DK8 RF9
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?	YES1 NO2 DK8 RF9
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?	YES1 NO2 DK8 RF9
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"/> <input type="text"/> NONE00 DK98 RF99
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, IN THE PAST 6 MONTHS1 YES, BUT NOT IN THE PAST 6 MONTHS2 (SKIP TO H18) NO3 (SKIP TO H18) 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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> DK98 RF99
<div style="border: 1px solid black; padding: 2px;">PROGRAMMER NOTE: IF 0, SKIP TO H20.</div>			
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 <input type="text"/> <input type="text"/> 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.

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

Do Not Duplicate

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
PARC-D 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
---	---	---	---	---

PARC-D 4

15. Do you feel you need treatment for depression at this time? Would you say you (READ CATEGORIES)?

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

PARC-D 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
---	---	---	---	---

PARC-D 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
---	---	---	---	---

PARC-D 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

Do Not Duplicate

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
Strategies 2

- 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