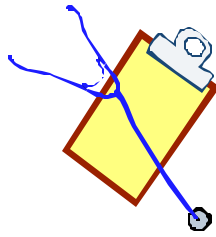


# ICICE Baseline Interview For Depression Patients



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INTRODUCTION OF STUDY TO RESPONDENT  
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Hello, my name is [FIRST AND LAST NAME]. May I speak with [R's NAME]?

I'm calling to follow up on a letter we sent you about research [FILL SITE NAME] and RAND are conducting. The letter was mailed on [DATE] and mentioned that an interviewer from RAND would be calling to request a telephone interview and to answer any questions you have about this study.

Do you remember getting the letter?

If Yes, Go to "study"  
If No, Go to "nolet"

**For respondents who don't remember getting letter:**

>nolet<

Several weeks ago you gave [FILL SITE NAME] your permission for them to give RAND your name address, and telephone number. Because you gave permission, a letter was from [FILL SITE CO-SIGNER] OF [FILL SITE NAME] and Dr. Emmett Keeler, a researcher at RAND was mailed to you. The letter invited you to take part in research to improve the care of patients who receive treatment care for stress or depression from [fill SITE NAME]. The letter mentioned two telephone interviews and your health care records.

We are calling now to ask you to take part in the first telephone interview.

Of course participation in the study is voluntary. You can stop the interview or refuse to answer a question at any time. Your decision to take part will not affect the care you get from [FILL SITE NAME] in any way. RAND will not give your doctor a copy of the answers you give in the interview. Any and all study results will be reported only at the group level. No individual person's information will be published separately in any report of results. The information you give will be reported in group summaries and statistics to [FILL SITE NAME], and will help researchers study the care given to people with stress or depression.

We can't pay you for your time, but we will send you \$10 as a token of our thanks for taking part in this interview. Your answers to the interview will be combined with information from your health care records from [FILL SITE NAME]. We have found that the additional information we can collect from your health care records is very valuable as it helps us to complete the picture of your health and the care you get.

>study< **All respondents get this screen:**

Our records indicate that you have symptoms of stress or depression. In our study we use the word depression to mean "stress or depression." Is this a good time to start the interview?

*IF NEEDED:* Your name and contact information was given to RAND by [FILL SITE NAME], because you have had treatment for stress or depression.

*IF NEEDED:* The goal of this study is to find out about any other health problems you may have, and the services and treatment you and others in this study receive. The interview has questions about your health and the care you got from [FILL SITE NAME] as well as questions about other health conditions, your daily activities and your feelings and emotions. It should take about 30 minutes.

*IF NEEDED:* The length of the interview varies depending on you and your experiences. It can take less than 30 minutes.

*IF NEEDED:* We don't have to do the whole interview right now, we can go for a few minutes and then I can call you back at another time to complete the interview.

Use advance letters and question and answer sheet to answer any questions.

- 1 Continue with interview
- 2 R refuses to take part in study
- 3 R requests remail of letter before deciding to take part (Set call back and complete remail request slip)
4. R says he/she doesn't have stress or depression.
- x Schedule a call back

**For all respondents, who say they don't have sampled condition:**

>noint <

We'll check our records again. Another interviewer may call you back in the next week or so to follow-up.

[CASE GOES TO SUPERVISOR FOR REVIEW AND VERIFICATION]

## A. General Health Perceptions

Before we begin, I need to tell you that for the purposes of quality control, my supervisor may monitor this call.

**SOURCE: Medical Outcomes Study (MOS) Short-Form 12: *How to Score the SF-12 Physical and Mental Health Summary Scales*, J.E. Ware, M.A. Kosinski, and S.D. Keller, The Health Institute, New England Medical Center, 2<sup>nd</sup> Ed., 1995.**

**Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication.**

A1. In general, would you say your health is:

PROBE: Please answer for your physical health, not for your moods or emotions.

- 5 Poor
- 4 Fair
- 3 Good
- 2 Very good
- 1 Excellent

## B. Symptoms of Depression and Disorder Status

**SOURCE: Spitzer RL, Kroenke K, Williams JB. Validation and Utility of a self-report version of PRIME-MD: The PHQ Primary Care Study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. JAMA 1999; 282(18):1737-44.**

I have some questions about your mood, and problems that may have bothered you over the last 2 weeks.

PROBE: Please answer just for the last 2 weeks, even if that period has not been usual for you.

B1. In the last 2 weeks how often have you been bothered by having little interest or pleasure in doing things:

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

B2. In the last 2 weeks how often have you been bothered by feeling down, depressed, or hopeless?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

B3. In the last 2 weeks how often have you been bothered by trouble falling asleep or staying asleep, or sleeping too much?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

B4. In the last 2 weeks how often have you been bothered by feeling tired or having little energy?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

B5. In the last 2 weeks how often have you been bothered by poor appetite or overeating?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- B6. In the last 2 weeks how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?
- |                |                           |
|----------------|---------------------------|
| 1 Not at all   | 3 More than half the days |
| 2 Several days | 4 Nearly every day        |
- B7. In the last 2 weeks how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?
- |                |                           |
|----------------|---------------------------|
| 1 Not at all   | 3 More than half the days |
| 2 Several days | 4 Nearly every day        |
- B8. In the last 2 weeks how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
- |                |                           |
|----------------|---------------------------|
| 1 Not at all   | 3 More than half the days |
| 2 Several days | 4 Nearly every day        |
- B9. In the last 2 weeks how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?
- |                |                           |
|----------------|---------------------------|
| 1 Not at all   | 3 More than half the days |
| 2 Several days | 4 Nearly every day        |

**INSTRUCTIONS TO INTERVIEWERS:**

**IF PATIENT ENDORSES THOUGHTS OF SUICIDE** (by answering positively to question related to thoughts of suicide or comments made by respondent)

INT: “I don’t have medical training and I’m not qualified to help you sort out these thoughts and feelings. I want you to talk to a doctor or counselor about your thoughts and feelings.”

INT: “I have some numbers here you can call. “

**OFFER THREE LOCAL EMERGENCY CONTACT NUMBERS PROVIDED BY SITE AND TERMINATE INTERVIEW.**

INTERVIEWER: “Please call those numbers now. We’ll call you back in a couple of days. We are also required to ask someone at [FILL SITE] to follow-up with you.”

IF NEEDED: The form you signed at [fill site] to give permission for RAND to contact you included a statement that RAND would need to ask a staff member at [fill site] to follow-up with you if you mentioned you had thoughts of hurting yourself.  
”

**IF PATIENT FEELS THAT THIS IS INSUFFICIENT HELP or interviewer is concerned that PATIENT IS AT ACUTE RISK OF HARMING SELF (based on observations or direct patient statement):**

- Interviewer should contact supervisor to notify site contact.
- The study supervisor will fill out the site emergency contact sheet and page the site emergency contact.
- When the emergency contact answers his/her page, the supervisor will provide the emergency contact with the patient’s name, address and telephone number.
- All such cases will be documented in a special log.

### C. Chronic Medical Conditions

**SOURCE: Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication**

I am going to read you a list of chronic health problems that some people have. Please tell me if a doctor or another health care worker has diagnosed you with or treated you for any of these chronic medical problems in the past 3 years.

C1. Asthma, emphysema, or chronic bronchitis?

PROBE: Did a doctor or other health care provider tell you that you have asthma, emphysema or chronic bronchitis?

1	Yes	d	DK
5	N	r	REF

C2. High blood pressure?

PROBE: Did a doctor or other health care provider tell you that you have high blood pressure?

1	Yes	d	DK
5	N	r	REF

C3. High blood sugar or diabetes?

PROBE: Did a doctor or other health care provider tell you that you have high blood sugar or diabetes?

1	Yes	d	DK
5	N	r	REF

C4. Arthritis or rheumatism?

PROBE: Did a doctor or other health care provider tell you that you have arthritis or rheumatism?

1	Yes	d	DK
5	N	r	REF

C5. In the last 3 years have you had a diagnosis of cancer or been treated for cancer?

1	Yes	d	DK → <b>Skip to C7</b>
2	No → <b>Skip to C7</b>	r	REF → <b>Skip to C7</b>

C6. Was this a skin cancer?

1	Yes	d	DK
5	N	r	REF

C7. A neurological condition such as epilepsy, seizures, Parkinson's Disease, or stroke?

PROBE: Did a doctor or other health care provider tell you that you have a neurological condition such as epilepsy, seizures, Parkinson's Disease, or stroke?

1	Yes	d	DK
5	N	r	REF

C8. Heart disease such as angina, heart failure or valve problems?

PROBE: Did a doctor or other health care provider tell you that you have heart disease such as angina, heart failure or valve problems?

1	Yes	d	DK
5	N	r	REF

C9. Chronic back problems, headache, or other chronic pain problems?

- |   |     |   |     |
|---|-----|---|-----|
| 1 | Yes | d | DK  |
| 5 | N   | r | REF |

C10. Stomach ulcer, chronic inflamed bowel, enteritis, or colitis?

PROBE: Did a doctor or other health care provider tell you that you have stomach ulcer, chronic inflamed bowel, enteritis, or colitis?

- |   |     |   |     |
|---|-----|---|-----|
| 1 | Yes | d | DK  |
| 5 | N   | r | REF |

C11. Chronic problems with urination, chronic bladder infections, (prostate problems) incontinence or inability to hold your urine?

- |   |     |   |     |
|---|-----|---|-----|
| 1 | Yes | d | DK  |
| 5 | N   | r | REF |

#### D. Comorbid Mental Illness

**SOURCE: D1-3: Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication**

These next questions refer to the past 4 weeks.

D1. An anxiety or panic attack is a sudden rush of intense fear, anxiety, or discomfort that comes on from out of the blue for no apparent reason. Have you had any spells like this during the past 4 weeks?

- |   |                        |   |                         |
|---|------------------------|---|-------------------------|
| 1 | Yes                    | d | DK → <b>Skip to E1</b>  |
| 5 | No → <b>Skip to E1</b> | r | REF → <b>Skip to E1</b> |

D2. Did these feelings force you to change what you were doing at the time?

- |   |                        |   |                         |
|---|------------------------|---|-------------------------|
| 1 | Yes                    | d | DK → <b>Skip to E1</b>  |
| 5 | No → <b>Skip to E1</b> | r | REF → <b>Skip to E1</b> |

D3. Did your spells of panic or fear stop you from carrying out your daily activities for 30 minutes or longer?

- |   |                        |   |                         |
|---|------------------------|---|-------------------------|
| 1 | Yes                    | d | DK → <b>Skip to E1</b>  |
| 5 | No → <b>Skip to E1</b> | r | REF → <b>Skip to E1</b> |

#### E. Patient Knowledge

**SOURCE E1: Wells KB, Sherbourne CD, Schoenbaum M, Duan N, Meredith LS, Unutzer J, Miranda J, Carney MF, Rubenstein LV. One-Year Impact of Disseminating Quality Improvement for Depression to Managed, Primary Care Practices: Results from a Randomized, Controlled Trial. JAMA, 2000;283:212-220.**

Please tell me how much you disagree or agree with these statements on treatment for stress and depression.

E1. Some medicines are effective in treating depression. (Do you: )

- |   |                   |   |                |
|---|-------------------|---|----------------|
| 1 | Strongly disagree | 4 | Agree          |
| 2 | Disagree          | 5 | Strongly agree |
| 3 | Feel Neutral      |   |                |

E2. For most people, counseling from a mental health provider is as effective as medication in treating depression. (Do you: )

- |   |                   |   |                |
|---|-------------------|---|----------------|
| 1 | Strongly disagree | 4 | Agree          |
| 2 | Disagree          | 5 | Strongly agree |
| 3 | Feel Neutral      |   |                |

- E3. Antidepressant medications should be continued for at least 4 months after the person taking them feels better. (Do you: )
- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |
- E4. For most people, side effects from antidepressant medication decrease over time or can be treated. (Do you: )
- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

**F. Self Efficacy**

- F1. On a scale of 0 to 10 where 0 means “not at all confident” and 10 means “as confident as you can be,” how confident are you in your ability to overcome or control an episode of depression?

Enter Number: \_\_\_\_\_

- F2. I am going to read you some statements. For each one tell me if you disagree or agree. If I had a personal or emotional problem, I would know how to make an appointment during regular business hours to get help. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F3. If I had a personal or emotional problem outside of regular business hours, I would know what doctor’s office or clinic to call to get help right away. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F4. I can identify symptoms of depression. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F5. I know how to take antidepressant medication or how to get counseling. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F6. I can make myself feel better by doing more pleasurable activities. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F7. I know what to do if I experience an increase in depression symptoms. (Do you: )

- |                     |                  |
|---------------------|------------------|
| 1 Strongly disagree | 4 Agree          |
| 2 Disagree          | 5 Strongly agree |
| 3 Feel Neutral      |                  |

- F8. I can avoid difficult situations that can trigger my depression. (Do you: )

- |                     |                |                  |
|---------------------|----------------|------------------|
| 1 Strongly disagree | 3 Feel Neutral | 5 Strongly agree |
| 2 Disagree          | 4 Agree        |                  |

## G. Preferences about Depression Care

**SOURCE:** Adapted from: Dwight-Johnson M, Sherbourne CD, Liao D, Wells KB. Treatment Preferences Among Depressed Primary Care Patients. *JGIM* 15:527-534, 2000.

- G1. I will now ask you about your preferences for different treatments for depression. Let's assume that you are suffering from depression and you had to choose between taking antidepressant medication daily for 6-9 months, going for counseling or psychotherapy weekly for at least 2 months, or no treatment at all. Which would you prefer?
- 1 Taking antidepressants daily for 6-9 months
  - 2 Counseling/Psychotherapy weekly for at least 2 months
  - 3 No treatment at all
  - 4 R volunteers: No preference
  - d DK
  - r REF

## H. Treatment For Depression

**SOURCE H1-19:** Adapted from MOS: Wells KB, Katon W, Rogers B, Camp P. Use of Minor Tranquilizers and Antidepressant Medications by Depressed Outpatients: Results from the Medical Outcomes Study, *Am J Psychiatry* 1994; 152:694-700.

### Medication Use

- H1. In the past 3 months did you ever take any prescription, nonprescription or over-the-counter medications to help with depression, anxiety, sleep, energy, or pain?
- 1 Yes
  - 2 No--Don't take any such meds → **Skip to QH23**
  - d DK → **Skip to QH23**
  - r REF → **Skip to QH23**
- H2. What is the name of the first medication you took?
- \_\_\_\_\_ [Write in code number of medication from list]
- 99 Not on list [Enter medication name: \_\_\_\_\_]
- H3. In the last 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)
- Enter number \_\_\_\_\_ Days (range 0-90)
- d DK [Probe for best guess]
  - r REF
- H4. Are you still taking this medication?
- 1 Yes
  - 2 No
- H5. What is the name of the next medication you took?
- \_\_\_\_\_ [Write in code number from medication list]
- 99 Not on list [Enter medication name: \_\_\_\_\_]
- 00 No more medications to enter → **Skip to QH21**
- H6. In the past 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)
- Enter number \_\_\_\_\_ Days (range 0-90)
- d DK [Probe for best guess]
  - r REF
- H7. Are you still taking this medication?
- 1 Yes
  - 2 No

- H8. What is the name of the next medication you took?  
 \_\_\_\_\_ [Write in code number from medication list]  
 99 Not on list [Enter medication name: \_\_\_\_\_]  
 00 No more medications to enter → **Skip to QH21**
- H9. In the past 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)  
 Enter number \_\_\_\_\_ Days (range 0-90)  
 d DK [Probe for best guess]  
 r REF
- H10. Are you still taking this medication?  
 1 Yes                      2 No
- H11. What is the name of the next medication you took?  
 \_\_\_\_\_ [Write in code number from medication list]  
 99 Not on list [Enter medication name: \_\_\_\_\_]  
 00 No more medications to enter → **Skip to QH21**
- H12. In the past 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)  
 Enter number \_\_\_\_\_ Days (range 0-90)  
 d DK [Probe for best guess]  
 r REF
- H13. Are you still taking this medication?  
 1 Yes                      2 No
- H14. What is the name of the next medication you took?  
 \_\_\_\_\_ [Write in code number from medication list]  
 99 Not on list [Enter medication name: \_\_\_\_\_]  
 00 No more medications to enter → **Skip to QH21**
- H15. In the past 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)  
 Enter number \_\_\_\_\_ Days (range 0-90)  
 d DK [Probe for best guess]  
 r REF
- H16. Are you still taking this medication?  
 1 Yes                      2 No
- H17. What is the name of the next medication you took?  
 \_\_\_\_\_ [Write in code number from medication list]  
 99 Not on list [Enter medication name: \_\_\_\_\_]  
 00 No more medications to enter → **Skip to QH21**

H18. In the past 3 months, about how many days in total did you take this medication? (Your best estimate is fine.)

Enter number \_\_\_\_\_ Days (range 0-90)

d DK [Probe for best guess]

r REF

H19. Are you still taking this medication?

1 Yes                      2 No

H20. In the past 3 months, did any of the doctors or other health providers who treated your depression call or ask you to check if you were having side effects from antidepressant medications?

1 Yes

2 No

n R volunteers: Don't take meds for depression → **Skip to QH22**

H21. If you had side effects from your medications, would you feel comfortable talking with your doctor before deciding to stop the medication?

1 Yes

2 No

n R volunteers: Don't take meds for depression → **Skip to QH22**

H22. In the past 3 months, did you receive any talk therapy to help with depression, anxiety, sleep, energy, or pain?

DEFINITION: Talk therapy is counseling or psychotherapy in which you talk with a psychologist, psychiatrist, or other mental health provider about your feelings and emotions.

1 Yes

5 N → **Skip to QH27**

H23. In the past 3 months, how many visits did you have with a counselor or psychotherapist?

Enter Number (0-60): \_\_\_\_\_ → **Skip to QH26**

d DK

r Refuse → **Skip to QH26**

H24. Did you have more than one visit?

1 Yes                      2 NO → **Skip to QH26**

H25. Did you have more than four visits?

1 Yes                      2 No

H26. In the past 3 months, how often were you able to attend counseling sessions for your depression exactly as your doctor recommended? By exactly as recommended, I mean making it to all of the sessions. Was it:

1 None of the sessions

4 Most of the sessions

2 A few of the sessions

5 All of the sessions

3 Some of the sessions

These next questions are about the last 4 weeks.

- H27. In the last 4 weeks, how much of the time were you able to manage symptoms of depression? (Was it: )
- |                        |   |
|------------------------|---|
| 1 None of the time     | 4 Most of the time                                |
| 2 A little if the time | 5 All of the time                                 |
| 3 Some of the time     | 6 R Volunteers: Not depressed during last 4 weeks |
- H28. Some people with depression keep track of the symptoms that may affect their mood. During the last 4 weeks, how much of the time did you do this? (Was it: )
- |                        |   |
|------------------------|---|
| 1 None of the time     | 4 Most of the time                                |
| 2 A little if the time | 5 All of the time                                 |
| 3 Some of the time     | 6 R Volunteers: Not depressed during last 4 weeks |
- H29. About how much time in the last 4 weeks did you usually spend doing activities that were rewarding, meaningful, inspiring, relaxing, enjoyable, or pleasant? (Was it: )
- |                        |                    |
|------------------------|--------------------|
| 1 None of the time     | 4 Most of the time |
| 2 A little if the time | 5 All of the time  |
| 3 Some of the time     |                    |

### I. Patient Education/Information

**SOURCE I1-9: Adapted from Medical Outcomes Study (MOS): Wells KB, Katon W, Rogers B, Camp P. Use of Minor Tranquilizers and Antidepressant medications by Depressed Outpatients: Results from the Medical Outcomes Study. *Am J Psychiatry* 1994; 152:694-700.**

During the past 3 months, did you get information about depression from any of the following:

- I1. Television, newspaper or magazines
- |       |                          |
|-------|--------------------------|
| 1 Yes | 2 No → <b>Skip to I3</b> |
|-------|--------------------------|
- I2. Was the information:
- |                    |
|--------------------|
| 1 Very helpful     |
| 2 Somewhat helpful |
| 3 Not very helpful |
- I3. (In the past 3 months, did you get information about depression from) Other written materials (like brochures, pamphlets or books) or videotapes?
- |       |                          |
|-------|--------------------------|
| 1 Yes | 2 No → <b>Skip to I5</b> |
|-------|--------------------------|
- I4. Was the information:
- |                    |
|--------------------|
| 1 Very helpful     |
| 2 Somewhat helpful |
| 3 Not very helpful |
- I5. (In the past 3 months, did you get information about depression from) the internet?
- |       |                          |
|-------|--------------------------|
| 1 Yes | 2 No → <b>Skip to I7</b> |
|-------|--------------------------|
- I6. Was the information:
- |                    |
|--------------------|
| 1 Very helpful     |
| 2 Somewhat helpful |
| 3 Not very helpful |
- I7. (In the past 3 months, did you get information about depression from) a discussion with a nurse or a depression care manager at your doctor's office or clinic?
- |       |                          |
|-------|--------------------------|
| 1 Yes | 2 No → <b>Skip to J1</b> |
|-------|--------------------------|

18. Was the information:

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not very helpful

#### J. Satisfaction and Communication

**SOURCE J1-17: Hays RD, Shaul JA, Williams VSL, Harris-Kojetin L, Sweeny SF, Cleary PD. Psychometric Properties of the CAHPS™ 1.0 Survey Measures. *Medical Care* 1999;37:M22-31.**

J1. A personal doctor or nurse is the health care provider who knows you best. This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider. Do you have one person you think of as your personal doctor or nurse?

- 1 Yes
- 2 No → **Skip to J5**

J2. Is your personal doctor or nurse:

- 1 A general internist or a family medicine doctor
- 2 A specialist doctor
- 3 A nurse or physician assistant
- 4 Or something else (SPECIFY) \_\_\_\_\_

J3. In the past 3 months, did you see your personal doctor or nurse?

- 1 Yes
- 2 No → **Skip to J5**

J4. We want to know your overall rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse in the past 3 months?

Enter Number: \_\_\_\_\_

n I have not seen my personal doctor/nurse in the past 3 months.

J5. These next questions are about your depression care provider. This is the doctor or other health provider you see most often for care related to your depression. This can be a general doctor, a psychiatrist, a psychologist, a nurse, or a social worker.

Do you have a depression care provider?

- 1 Yes
- 2 No → **Skip to J12**

J6. Is the person you go to most for care related to your depression the same person as your personal doctor or nurse?

- 1 Yes → **Skip to J9**
- 2 No

J7. Is your depression care provider:

- 1 A general internist or family medicine doctor,
- 2 A psychiatrist
- 3 A psychologist,
- 4 A nurse or physician assistant,
- 5 A social worker or other counselor,
- 6 Or something else (SPECIFY) \_\_\_\_\_

J8. How long have you been seeing your depression care provider? Is it:

PROBE: Your depression care provider is the provider you see most often for care related to depression.

- |   |                    |   |                 |
|---|--------------------|---|-----------------|
| 1 | Less than 3 months | 4 | 2 up to 5 years |
| 2 | 6 up to 12 months  | 5 | 5 years or more |
| 3 | 12 up to 24 months |   |                 |

J9. Does your depression care provider discuss your care and treatment with your other care providers?

- 1 Yes
- 2 No
- n R volunteers: I have no other providers.

J10. In the past 3 months, did you see your depression care provider?

- 1 Yes
- 2 No → **Skip to J12**

J11. We want to know your overall rating of the health provider you see most often for your depression care.

Use any number from 0 to 10 where 0 is the worst depression care provider possible and 10 is the best depression care provider possible. How would you rate your depression care provider in the past 3 months

Enter Number: \_\_\_\_\_

J12. We want to know your overall rating of all your depression care in the past 3 months from all general doctors, specialist doctors (like psychiatrists), psychologists, nurses, social workers, who helped you take care of your depression. Include any and all providers you saw for depression care in the past 3 months.

Use any number from 0 to 10 where 0 is the worst depression care possible and 10 is the best depression care possible. How would you rate all your depression care in the past 3 months?

Enter Number: \_\_\_\_\_

- n R volunteers: No depression care in the past 3 months → **Skip to K1**

J13. In the last 3 months, how often did the providers who treated your depression explain things in a way you could understand? (Was it: )

- |   |           |   |         |
|---|-----------|---|---------|
| 1 | Never     | 3 | Usually |
| 2 | Sometimes | 4 | Always  |

J14. In the last 3 months, how often did the providers who treated your depression show respect for what you had to say? (Was it: )

- |   |           |   |         |
|---|-----------|---|---------|
| 1 | Never     | 3 | Usually |
| 2 | Sometimes | 4 | Always  |

J15. In the last 3 months, how often did the providers who treated your depression listen carefully to you? (Was it: )

- |   |           |   |         |
|---|-----------|---|---------|
| 1 | Never     | 3 | Usually |
| 2 | Sometimes | 4 | Always  |

J16. In the last 3 months, how often did the providers who treated your depression spend enough time with you? (Was it: )

- |   |           |   |         |
|---|-----------|---|---------|
| 1 | Never     | 3 | Usually |
| 2 | Sometimes | 4 | Always  |

J17. In the last 3 months, did the providers who treated your depression give you a rating scale or questionnaire on your feelings or emotions to fill out?

PROBE: Include interviewer-administered questionnaire where your provider verbally asked questions.

- 1 Yes                      2 No → **Skip to J20**
- J18. Did you answer the rating scale or questionnaire more than once?  
1 Yes                      2 No → **Skip to J20**
- J19. In the last 3 months, on how many visits did you answer a rating scale or questionnaire on your feelings or emotions? Was it:  
1 A few visits                      3 Almost all your visits  
2 About half your visits                      4 Every visit
- J20. In the last 3 months, did the providers who treated your depression ask if you had problems with anxiety or panic attacks?  
1 Yes                      2 No
- J21. In the last 3 months, did the providers who treated your depression ask if you had problems with alcohol or substance use?  
1 Yes                      2 No
- J22. In the last 3 months, did the providers who treated your depression ask if you had problems with thoughts of suicide?  
1 Yes                      2 No
- J23. In the last 3 months, how often were you involved as much as you wanted in decisions about your treatment or counseling?  
1 Never                      3 Usually  
2 Sometimes                      4 Always  
n No decisions were made about my treatment or counseling in the last 3 months
- J24. In the last 3 months, did the providers who treated your depression ask if you prefer to treat your depression with an antidepressant medication or talk therapy?  
1 Yes                      2 No
- J25. Did any of the providers who treated your depression work with you to develop a plan so that you know how to take care of your depression?  
1 Yes                      2 No → **Skip to J27**
- J26. Do you have a copy of this plan in writing?  
1 Yes                      2 No
- J27. Did you work with any of the providers who treated your depression to set personal goals for your treatment?  
1 Yes                      2 No
- J28. In the past 3 months, did any of the doctors or other health providers who treated your depression call you to check and see how you were doing without you calling them first?  
1 Yes                      2 No
- J29. In the past 3 months, did you get a letter, a postcard, or a call from your doctors or someone else at your clinic or health plan to remind you about appointments?  
1 Yes                      2 No

- J30. In the past 3 months, did your doctor or someone else at your clinic or health plan refer you to a mental health specialist or counselor for additional treatments for depression?  
 1 Yes                      2 No → **Skip to K1**
- J31. Did you make a visit to the mental health specialist or counselor you were referred to?  
 1 Yes                      2 No
- J32. Was this mental health specialist or counselor located at the same office or clinic as your other depression care providers?  
 1 Yes                      2 No

**K. Barriers and Access to Care**

**SOURCE K1-13: Dwight-Johnson M, Sherbourne CD, Liao D, Wells KB. Treatment Preferences Among Depressed Primary Care Patients. *Journal of General Internal Medicine*, 15:527-534m, 2000.**

- K1. In the past 3 months was there ever a time you didn't get as much help or treatment as you needed for depression?  
 1 Yes                      d DK  
 2 No                      r Refuse
- K2. In the past 3 months did you have any delays in getting the care you needed for depression?  
 1 Yes                      d DK  
 2 No                      r Refuse
- K3. In the past 3 months, how much of a problem, if any, was the cost of the care you needed for depression? Was it:  
 1 A big problem                      3 Not a problem  
 2 A small problem
- K4. In the past 3 months, how much of a problem, if any, was your insurance coverage for care related to depression? Was it:  
 1 A big problem  
 2 A small problem  
 3 3 Not a problem  
 n R volunteers: Do not have insurance coverage for depression.
- K5. In the past 3 months, how much of a problem, if any, was getting an appointment as soon as you needed for care related to depression? Was it:  
 1 A big problem  
 2 A small problem  
 3 Not a problem  
 n R volunteers: Did not try to get an appointment in past 3 months
- K6. In the past 3 months, how much of a problem, if any, was the distance you have to travel to your depression care provider's office? (Was it: )  
 1 A big problem  
 2 A small problem  
 3 Not a problem  
 n R volunteers: Did not visit depression provider in past 3 months.

- K7. In the past 3 months, how much of a problem, if any, was it to reach your depression care provider by phone? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- n R volunteers: Did not try to reach provider by phone in past 3 months.
- K8. In the past 3 months, how much of a problem, if any, was being embarrassed to talk to your depression care provider about an emotional problem? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- n R volunteers: Did not talk to depression provider in past 3 months.
- K9. In the past 3 months, how much of a problem, if any, was your fear of what others might think about your care for depression? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- K10. In the past 3 months, how much of a problem, if any, was taking time off work to get care for depression? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- n R volunteers: Did not need to take time off work/does not have job.
- K11. In the past 3 months, how much of a problem, if any, was taking time away from caring for children or family members to get care for depression? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- n R volunteers: Did not need to take time off work caring for others to get care for depression in past 3 months.
- K12. **(SPANISH LANGUAGE INTERVIEWS ONLY:)** In the past 3 months, how much of a problem, if any, was finding a depression care provider who spoke your language? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- K13. In the past 3 months, how much of a problem, if any, was getting a referral to a specialist that you needed to see for depression care? (Was it: )
- 1 A big problem
  - 2 A small problem
  - 3 Not a problem
- n R volunteers: I didn't need to see a specialist for depression care in the past 3 months.

#### L. Functional Impairment/Disability

**SOURCE L1-3: Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication; and Sheehan DV. *The Anxiety Disease*, New York: Charles Scribner and Sons, 1983.**

In answering these next questions, think of your health in general, not just your feelings and emotions.

L1. To what extent has your health interfered with your work, including paid work or work around the house, in the past month on a scale of 0, “not at all” to 10, “unable to carry on any activities?”

Enter Number: \_\_\_\_\_

L2. To what extent has your health interfered with your family life, in the past month on a scale of 0, “not at all” to 10, “unable to carry on any activities?”

Enter Number: \_\_\_\_\_

L3. To what extent has your health interfered with your social life or relationships with others outside of your family, in the past month on a scale of 0, “not at all” to 10, “unable to carry on any activities?”

Enter Number: \_\_\_\_\_

### **M. Health-Related Quality of Life**

**SOURCE M1-17: Short Form-16: Ware JE Jr, Kosinski M, Keller SF. *SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales*. Boston MA: The Health Institute, New England Medical Center, 1995.**

**and other 4 MHI-5 items from the SF-36: Ware JE Jr, Kosinski M, Keller SF. *SF-36 Physical and Mental Health Summary Scales: A User's Manual*. Boston, MA: The Health Institute, New England Medical Center, 1994.**

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, does not limit you in these activities.

M1. First, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

IF R SAYS “I DON'T DO ACTIVITY,” PROBE: Is that because of your health?

- |                        |                          |
|------------------------|--------------------------|
| 1 Yes, limits a lot    | 3 No, not limited at all |
| 2 Yes, limits a little |                          |

M2. Climbing several flights of stairs. (Does your health now limit you a lot, limit you a little, or not limit you at all?)

IF R SAYS “I DON'T DO ACTIVITY,” PROBE: Is that because of your health?

- |                        |                          |
|------------------------|--------------------------|
| 1 Yes, limits a lot    | 3 No, not limited at all |
| 2 Yes, limits a little |                          |

M3. Walking one block. (Does your health now limit you a lot, limit you a little, or not limit you at all?)

IF R SAYS “I DON'T DO ACTIVITY,” PROBE: Is that because of your health?

- |                        |                          |
|------------------------|--------------------------|
| 1 Yes, limits a lot    | 3 No, not limited at all |
| 2 Yes, limits a little |                          |

M4. I would now like to ask you to rate your overall quality of life including your physical and mental well being. Please rate your quality of life during the past month using any number from 0 to 10. 10 means your life is perfect – you are completely well. 0 means your situation is about as bad as dying. What number from 0 to 10 best describes your quality of life during the past month.

Enter Number: \_\_\_\_\_

The following two questions ask you about your physical health and your daily activities.

M5. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

5 Yes                      1 No

M6. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

5 Yes                      1 No

The following two questions ask about your emotions and your daily activities.

M7. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

5 Yes                      1 No

M8. During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

5 Yes                      1 No

M9. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework. Did it interfere:

1 Not at all	4 Quite a bit
2 A little bit	5 Extremely
3 Moderately	

M10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered:

1 All of the time	4 Some of the time
2 Most of the time	5 A little of the time
3 A good bit of the time	6 None of the time

These next questions are about how you feel and how things have been with you in the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

M11. How much of the time during the past 4 weeks have you felt calm and peaceful? Was it:

1 All of the time	4 Some of the time
2 Most of the time	5 A little of the time
3 A good bit of the time	6 None of the time

M12. How much of the time during the past 4 weeks have you been a very nervous person? (Was it:)

1 All of the time	4 Some of the time
2 Most of the time	5 A little of the time
3 A good bit of the time	6 None of the time

M13. How much of the time during the past 4 weeks have you felt so down in the dumps nothing could cheer you up? (Was it:)

1 All of the time	4 Some of the time
2 Most of the time	5 A little of the time
3 A good bit of the time	6 None of the time

M14. How much of the time during the past 4 weeks did you have a lot of energy? (Was it:)

1 All of the time	4 Some of the time
2 Most of the time	5 A little of the time
3 A good bit of the time	6 None of the time

M15. How much of the time during the past 4 weeks have you felt downhearted and depressed? (Was it:)

- |                          |                        |
|--------------------------|------------------------|
| 1 All of the time        | 4 Some of the time     |
| 2 Most of the time       | 5 A little of the time |
| 3 A good bit of the time | 6 None of the time     |

M16. How much of the time during the past 4 weeks have you been a happy person? (Was it:)

- |                          |                        |
|--------------------------|------------------------|
| 1 All of the time        | 4 Some of the time     |
| 2 Most of the time       | 5 A little of the time |
| 3 A good bit of the time | 6 None of the time     |

M17. During the last month, how many days did your health keep you in bed all day or most of the day?

Enter days \_\_\_\_\_ (0-31)

## **N. Demographics**

These next questions are about you and will help us to describe all the patients who take part in this study.

### ***Age and Gender***

N1. What is your age now? Stop me when I get to the right category.

- |            |            |            |               |
|------------|------------|------------|---------------|
| 1 18 to 24 | 3 35 to 44 | 5 55 to 64 | 7 75 or older |
| 2 25 to 34 | 4 45 to 54 | 6 65 to 74 |               |

N2. INTERVIEWER, ASK ONLY IF NECESSARY: Just so I can be sure, are you male or female?

- |        |          |
|--------|----------|
| 1 Male | 2 Female |
|--------|----------|

### ***Race, Ethnicity***

N3. How would you describe your race or ethnicity? Are you:

- |                             |                               |
|-----------------------------|-------------------------------|
| 1 Latino or Hispanic        | 4 Asian or Pacific Islander   |
| 2 White                     | 5 Another race or multiracial |
| 3 Black or African-American |                               |

### ***Education***

N4. What is the highest grade or level of school that you have completed?

PROBE: Did you graduate with a diploma or degree?

INTERVIEWER: Code trade school or technical school as "Some college or 2-year degree"

- |  |                                   |
|--|-----------------------------------|
| 1 8 <sup>th</sup> grade or less          | 4 Some college or 2-year degree   |
| 2 Some high school, but did not graduate | 5 4-year college graduate         |
| 3 High school graduate or GED            | 6 More than 4-year college degree |

### ***Health Insurance***

**SOURCE N5-12: Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication**

N5. Do you have any kind of health insurance, or are you enrolled in any kind of program that helps to pay for your health care?

- |       |      |                    |
|-------|------|--------------------|
| 1 Yes | 2 No | <b>Skip to N11</b> |
|-------|------|--------------------|

N6. Do you belong to a health maintenance organization or HMO?

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

N7. Does your insurance plan or program allow you to go to any doctor you want or does it require you to choose from a group or list of doctors?

- 1 Any doctor
- 2 Select from group or list
- d DK

N8. Does your insurance plan or program require you to get permission or approval before you can visit a mental health specialist like a counselor or psychiatrist?

PROBE: This permission or approval is sometimes called a referral.

- 1 Yes
- 2 No
- d DK
- n R volunteers: My insurance doesn't cover mental health.

**PROGRAMMER NOTE** If N8 = n, Skip to N11

N9. Does your insurance plan or program pay all, part or none of the cost for visits to a mental health specialists like a counselor or psychiatrist?

- 1 All of the cost
- 2 Part of the cost
- 3 None of the cost
- d DK

N10. Does your insurance plan or program pay all, part or none of the cost for prescription medicine?

- 1 All of the cost
- 2 Part of the cost
- 3 None of the cost
- d DK

N11. On average, how much do you spend out of your own pocket each month on prescription medicine? Is it:

- 0 Nothing
- 1 Less than \$20
- 2 \$20 to \$50 dollars
- 3 \$51 to \$100 dollars
- 4 \$101 to \$150 dollars
- 5 More than \$150

N12. In the last 3 months, have you ever had to go without health care or medicine that you needed because you needed the money for food, clothing, housing, etc.?

- 1 Yes
- 2 No

**Utilization**

**SOURCE N13-29: Jurgen Unutzer, MD, MPH. Principal Investigator, UCLA Project IMPACT, personal communication**

Next, I have some questions about health care services you may have used over the past 3 months.

N13. In the past 3 months, how many times did you go to the emergency room to get care for yourself? (Your best estimate is fine.)

PROBE: Include all of your health care in your answer, not just care related to your depression.

Enter Number: \_\_\_\_\_ (acceptable range 0-15)

N14. In the past 3 months, how many times did you spend one night or more in the hospital? (Your best estimate is fine).

PROBE: Include all of your health care in your answer, not just care related to your depression.

Enter Number: \_\_\_\_\_ (acceptable range 0-15) **If Zero nights, Skip to N23**

**If N14 = 1, Go to N15**

**If N14 > 2, Go to N17**

N15. How many nights did you spend in the hospital?

Enter Number (0-50): \_\_\_\_\_

N16. What kind of hospital or care facility did you stay in. Was it a:

- 1 General medical hospital → **Skip to N23**
- 2 Psychiatric hospital → **Skip to N23**
- 3 Substance abuse treatment facility → **Skip to N23**
- 4 Another kind of inpatient facility → **Skip to N23**
- d DK → **Skip to N23**
- r REF → **Skip to N23**

N17. Think about your (last) hospital stay, how many nights was it?

Enter Number: \_\_\_\_\_

N18. What kind of hospital or care facility did you stay in. Was it a:

- 1 General medical hospital
- 2 Psychiatric hospital
- 3 Substance abuse treatment facility
- 4 Another kind of inpatient facility
- d DK
- r REF

N19. Now the stay before that one – how many nights was it?

Enter Number: \_\_\_\_\_ n No stay before that → **Skip to N23**

N20. What kind of hospital or care facility did you stay in? Was it a:

- 1 General medical hospital
- 2 Psychiatric hospital
- 3 Substance abuse treatment facility
- 4 Another kind of inpatient facility
- d DK
- r REF

N21. Now the stay before that one – how many nights was it?

Enter Number: \_\_\_\_\_ n No stay before that → **Skip to N23**

N22. What kind of hospital or care facility did you stay in. Was it a:

- 1 General medical hospital
- 2 Psychiatric hospital
- 3 Substance abuse treatment facility
- 4 Another kind of inpatient facility
- d DK
- r REF

N23. During the past 3 months, how many visits did you make to psychiatrists, psychologists, social workers, psychiatric nurses, or counselors? Please do not include visits to a hospital emergency room or visits that occurred while you were an overnight patient in a hospital or other health care facility in your answer.

\_\_\_\_\_ Visits

N24. During the past 3 months, how many visits did you make to health care providers like family or primary care doctors? Please do not include visits to a hospital emergency room, overnight stays in a hospital, nursing home, or other health care facility in your answer.

PROBE: Include internists, surgeons, or medical specialists, physician's assistants, or medical nurse practitioners.

\_\_\_\_\_ Visits

0 No visits → **Skip to N26**

N25. During how many of these (FILL N24) visits to a doctor or primary care provider did you discuss personal or emotional problems such as emotions, nerves, alcohol, drugs, or mental health?

\_\_\_\_\_ Visits

N26. Is (FILL PILOT OR CONTROL CARE LOCATION) the place you go most often for care related to your depression?

1 Yes → **Skip to N28**

2 No

N27. What is the name of the place you go to most often for care related to your depression?

Enter place name (ALLOW 50): \_\_\_\_\_

**Skip to N28**

**NOTE: Here is the alternate version of 26-27 for sites in which the control and pilot samples are identified by provider not clinic name.**

26. *Is (FILL NAME OF PILOT OR CONTROL DOCTOR) the doctor you see most often for care related to your depression?*

1 Yes → **Skip to N28**

2 No

27. *What is the name of the doctor you see most often for care related to your depression?*

*Enter place name (ALLOW 50): \_\_\_\_\_*

**Skip to N30**

N28. How long does it usually take you to get to that office or clinic (from your home or work)?

CODE UNIT:      1 Minutes  
                         2 Hours

Enter Number: \_\_\_\_\_

N29. Have you been going there for care for one year or more?

1 Yes

2 No

**Language**

N30. What language do you usually speak at home?

1 English

2 Spanish

3 Other (Specify) \_\_\_\_\_

**Marital Status and Household Composition**

N31. At this time, are you married or living with a partner?

1 Yes

2 No

N32. What is your current living arrangement? Right now, are you living . . .  
(CODE ALL THAT APPLY)

- 0 Alone → **Skip to N33**
- 1 With your spouse or partner,
- 2 With your children or others who are related to you,
- 3 With others who are not related to you

**SOURCE N33-36 Adapted from Medical Outcomes Study (MOS): Sherbourne CD, Meredith LS, Rogers W, Ware JE Jr. Social Support and Stressful Life Events: Age Differences in Their Effects on Health-Related Quality of Life Among the Chronically Ill. *Quality of Life Research*, 1992;1:235-246.**

These next questions ask about events that may have happened in your life in the past 12 months.

N33. Did you have a serious argument with someone close to you (like a friend, relative, or neighbor) who does not live with you?

- 1 Yes
- 2 No → **Skip to N35**

N34. Did that have a bad effect, no effect, or good effect on your life?

- 1 Bad effect
- 2 No effect
- 3 Good effect
- 4 DK

N35. (In the past 12 months) Did you become separated, divorced, or end an engagement or relationship?

- 1 Yes
- 2 No → **Skip to N37**

N36. Did that have a bad effect, no effect, or a good effect on your life?

- 1 Bad effect
- 2 No effect
- 3 Good effect
- 4 DK

**Social Support**

Now I'd like to ask you a few questions about your current network of friends and family.

N37. Do you have someone you can talk with, who is a source of support?

- 1 Yes
- 2 No
- 3 DK
- 4 REF

N38. How true is the next statement for you?

When I feel lonely, there are several people I could call and talk to. Is this:

- 1 Not at all true
- 2 A little true
- 3 Moderately true
- 4 Quite true
- 5 Extremely true
- 6 DK
- 7 REF

N39. Over the past two weeks, how often have you made an effort to keep in touch with relatives?

- 0 Not at all
- 1 Occasionally
- 2 Sometimes
- 3 Fairly Often
- 4 Very Often
- 5 DK
- 6 REF



**0. STUDY ENROLLMENT AND FOLLOW-UP**

Thank you for taking the time to complete this interview. We will send you a \$10 check for completing this interview. I want to be sure we have your correct address and phone number. The address I have for you is:

[fill Street]\_\_\_\_\_

[fill City] \_\_\_\_\_ [fill State] \_\_\_\_\_ [fill ZIP] \_\_\_\_\_

O1. Is this correct?                      5 No                      1 Yes

O2. What is your correct address? ENTER CORRECTIONS OR NEW ADDRESS

1 STREET ADDRESS: \_\_\_\_\_

2 CITY: \_\_\_\_\_ 3 STATE \_\_\_\_\_

4 ZIP: \_\_\_\_\_

O3. The phone number I have for you is [fill PNUM] \_\_\_\_\_

Is this correct?                      5 No                      1 Yes

O4. What is your correct phone number?                      (PHONE) \_\_\_\_\_

We would like to interview you again by phone about 12 months from now in order to find out about changes in your health and to ask about the care you receive over the next 12 months.

Even if you agree to a follow-up interview now, you can change your mind when we call you next year.

Do we have your permission to call you back about 12 months from now?

5 Yes                      1 No

In case we have trouble reaching you next year when we do our follow-up interview we'd like you to give us information we can use to locate you.

Do you expect to move any time between now and [MONTH 12 MONTHS FROM NOW]?

1 No                      5 Yes

Do you know the address you will be moving to?

INTERVIEWER: Enter as much information as R can give you now.

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

We'd like to have the name of a friend or relative who always knows how to reach you. We would only contact this person if we were unable to reach you by mail or phone next year for the follow-up interview. Is there a friend or relative that you always keep in close contact with (other than your husband/wife)?

1 No                      5 Yes

What is his or her name and address?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

What is your relationship to [fill ABOVE]?

1 Friend

4 Grandchild

2 Daughter/Son

5 Other Relative

3 Sister/Brother

6 Other

We respect your decision. To help the researchers in this study, would you mind telling me the main reason you don't want to do the follow-up interview?

ENTER MAIN REASON VERBATIM

END