

Section G. Mental Health Providers

TIME THIS SECTION BEGINS RECORDED HERE

TSST06G

G1. Did you visit a mental health provider on an individual or family basis for emotional or personal problems during the last 6 months? Include any visits to a psychiatrist, psychologist, psychiatric social worker, psychiatric nurse, or marriage or family counselor.

B06G01

(Circle One)

- YES 1
- NO 2 → SKIP TO G5
- REFUSED -1 → SKIP TO G5
- DON'T KNOW -2 → SKIP TO G5

G2. In total, how many visits to mental health providers did you make during the last 6 months?

B06G02

VISITS: _____

G3. Please tell me the name of the mental health provider you visited most frequently.

a. _____

PROVIDER NAME

OR

- REFUSED -1
- DON'T KNOW -2

NOTE: *In versions 6-10 only respondents who answered DK or REF at G3a were asked G3b. In versions 11-13 this skip was dropped and G3a and G3b asked of everyone who reports mental health provider visits.*

G3b. Was it a psychiatrist, psychologist, psychiatric social worker, psychiatric nurse, or marriage or family counselor?

B06G03B

(Circle One)

- PSYCHIATRIST 1
- PSYCHOLOGIST 2
- PSYCHIATRIC SOCIAL WORKER 3
- PSYCHIATRIC NURSE 4
- MARRIAGE OR FAMILY COUNSELOR 5
- OTHER 6

G4. What city and state is (he/she) in?

CITY STATE

G5. Did you attend support or psychotherapy groups in the last 6 months? (Do not include 12-step groups or groups primarily for substance abuse.)

B06G05

(Circle One)

- YES 1
NO 2 → SKIP TO G7
REFUSED -1 → SKIP TO G7
DON'T KNOW -2 → SKIP TO G7

G6. In total, how many visits to support or psychotherapy groups did you make during the last 6 months?

B06G06

VISITS: _____

G7. Did you ever visit with any other provider, such as a minister, priest, rabbi, about emotional or personal problems in the last 6 months?

B06G07

(Circle One)

- YES 1
NO 2

The next few questions are about services you may have used for drug or alcohol problems.

G8. In the last 6 months, have you attended any 12-step or self-help groups (such as AA, NA, or CA), received any professional or residential care, or had any overnight stays for drug or alcohol related problems?

B06G08

(Circle One)

- YES 1
NO 2 → SKIP TO G11
REFUSED -1 → SKIP TO G11
DON'T KNOW -2 → SKIP TO G11

G9. Not counting overnight hospital stays we've already talked about, how many nights did you spend in a halfway house, residential, or recovery program for drug or alcohol related problems in the last 6 months? IF NONE, ENTER 0.

B06G09

STAYS: _____

G10. In the last 6 months, on how many days did you receive treatment in an outpatient program, or visit a professional in an outpatient setting for drug or alcohol related problems?

B06G10

DAYS: _____

NOTE: FOR CAPI, G10 MUST BE LESS THAN 181 DAYS

G11. In the last 6 months, how many times did you attend a 12-step or self-help group (such as AA, NA, or CA) for drug or alcohol related problems?

B06G11

TIMES: _____