

HCSUS 2nd Follow-up
6. Utilization
Section F: Mental Health Providers

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

F1. Have you visited a mental health provider on an individual or family basis for emotional or personal problems since we last interviewed you on FU1DATE? Include any visits to a psychiatrist, psychologist, psychiatric social worker, psychiatric nurse, or marriage or family counselor.

YES..... 1 (G06F01)
NO 2

IF F1 <> 1, GO TO F6

F2. In total, how many visits to mental health providers did you make since FU1DATE?

999 (G06F02)
Valid Values: 1-100
Soft Check: 101-999

F3. Please tell me the name of the mental health provider you visited most frequently.

INTERVIEWER: ENTER FIRST AND LAST NAME.

NAME: _____ (G06F03)

F4. Was it a psychiatrist, psychologist, psychiatric social worker, psychiatric nurse, or marriage or family counselor?

PSYCHIATRIST 1 (G06F04)
PSYCHOLOGIST 2
PSYCHIATRIC SOCIAL WORKER..... 3
PSYCHIATRIC NURSE..... 4
MARRIAGE OR FAMILY COUNSELOR..... 5
OTHER 6

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F5. What city and state is (he/she) in?

CITY: _____

STATE: _____

F6. Did you attend support or psychotherapy groups since we last interviewed you on FU1DATE?

(Do not include any 12-step programs or groups primarily for substance abuse, such as AA, NA, or CA.)

YES..... 1 (G06F06)
NO 2

IF F6 <> 1, GO TO F8

F7. In total, how many visits to support or psychotherapy groups did you make since FU1DATE?

” (G06F07)
Valid Values: 1-500
Soft Check: 501-999

F8. Did you visit with any other provider, such as a minister, priest, rabbi about emotional or personal problems since FU1DATE?

YES..... 1 (G06F08)
NO 2

F9. The next few questions are about services you may have used for drug or alcohol problems.

Since we last interviewed you on FU1DATE, 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?

YES..... 1 (G06F09)
NO 2

IF F10 <> 1, GO TO SECTION G

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F10. 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 since that time?

IF NONE, ENTER 0.

”””

(G06F10)

Valid Values: 0-500
Soft Check: 501-999

F11. Since FU1DATE, 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?

IF NONE, ENTER 0

”””

(G06F11)

Valid Values: 0-500
Soft Check: 501-999

F12. In that time (since FU1DATE), 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?

”””

(G06F12)

Valid Values: 0-999