



*A health study for oil spill clean-up workers and volunteers*

OMB# 0925-0626

EXP. XX/2017

# **Biomedical Clinic Exam**

## **Mental Health Referral Questionnaire**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.

[PROGRAMMER NOTE: PLACE <<clinic name>> NAME AND <<visit date>> IN THE TOP RIBBON, SO IT IS PRESENT THROUGHOUT THE SURVEY. CONTACT TO BE INITIATED WITH PARTICIPANT ONE MONTH AFTER EXAM DATE.]

Hi, this is <<Interviewer>>. I am calling on behalf of the GuLF STUDY. The reason I am calling is to follow-up on a referral that we provided to you during your study visit on <<visit date>>. The clinic we referred you to was <<clinic name>>. I would like to ask you a few questions about your experiences with the referral.

1. Do you have a few minutes to answer some questions?  
 YES ..... 1  
 NO ..... 2 [SCHEDULE CALL BACK]
  
2. Have you called the clinic to make an appointment?  
 YES ..... 1 [GO TO Q 3]  
 NO ..... 2  
 REFUSED ..... 9 [GO TO END]

2a. May I ask why you have not called to make an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- PLAN TO CALL SOON
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE CALLING
- I DO NOT NEED HELP
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

3. When you called the clinic, were you able to schedule an appointment?  
 YES ..... 1 [GO TO Q 4]  
 NO ..... 2  
 REFUSED ..... 9 [GO TO END]

3a. Why weren't you able to schedule an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- NOT ELIGIBLE FOR SERVICES
- INSURANCE NOT ACCEPTED
- COULD NOT AFFORD CO-PAY / VISIT COSTS
- NO APPOINTMENTS AVAILABLE
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

3b. Did the clinic give you another referral?

- YES..... 1
- NO..... 2 [GO TO END]
- REFUSED ..... 9 [GO TO END]

3c. Have you called that clinic to make an appointment?

- YES..... 1 [GO TO Q3e]
- NO..... 2
- REFUSED ..... 9 [GO TO END]

3d. May I ask why you have not called to make an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- PLAN TO CALL SOON
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE CALLING
- I DO NOT NEED HELP
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

3e. When you called that clinic, were you able to schedule an appointment?

- YES..... 1 [GO TO Q4]
- NO.....2
- REFUSED ..... 9 [GO TO END]

3f. Why weren't you able to schedule an appointment at that clinic?

INTERVIEWER: CHECK ALL THAT APPLY

- NOT ELIGIBLE FOR SERVICES
- INSURANCE NOT ACCEPTED
- COULD NOT AFFORD CO-PAY / VISIT COSTS
- NO APPOINTMENTS AVAILABLE
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

4. Did you attend your scheduled appointment?

- YES ..... 1 [GO TO END]
- NO .....2 [GO TO 4a]
- SCHEDULED IN THE FUTURE.....3 [GO TO END]
- DON'T KNOW .....8
- REFUSED ..... 9 [GO TO END]

4a. Why did you not attend your appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE
- I DO NOT NEED HELP
- OTHER [FREE TEXT FIELD]

[GO TO END]

**END:** Those are all the questions I had for you. Do you have any questions for me? [PAUSE FOR RESPONSE.] If you have any further questions, please feel free to call our study hotline at 1-855-644-4853 or email us at [info@nihgulfstudy.gov](mailto:info@nihgulfstudy.gov).

5. DID THE PARTICIPANT REQUEST ANOTHER REFERRAL?

YES ..... 1 [GO TO 5a]

NO ..... 2 [SUBMIT]

5a. WHAT TYPE OF REFERRAL WAS REQUESTED?

MENTAL HEALTH..... 1

PHYSICAL HEALTH..... 2

BOTH ..... 3

[SUBMIT]