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

Clinical Exam: Mental Health Questionnaire

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Section A: General Health

(Source: SF-12)

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

If you are unsure about how to answer a question, please give the best answer you can.

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

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair 4
- Poor..... 5
- DON'T KNOW 8
- REFUSED 9

The following questions are about activities you might do during a typical day. In the past month (4 weeks), has your health limited you in ...

A2. Moderate activities such as moving a table, pushing a vacuum cleaner, or carrying groceries. Would you say...

- Yes, limited a lot..... 1
- Yes, limited a little 2
- No, not limited at all..... 3
- DON'T KNOW 8
- REFUSED 9

A3. Climbing several flights of stairs. Would you say...

- Yes, limited a lot..... 1
- Yes, limited a little 2
- No, not limited at all..... 3
- DON'T KNOW 8
- REFUSED 9

For the next 4 questions, the answer choices are All of the time, Most of the time, Some of the time, A little of the time, and None of the time.

A4. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health...

- All of the time 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time..... 5
- DON'T KNOW 8
- REFUSED 9

A5. During the past 4 weeks, how much of the time have you been limited in the kind of work or other activities you could do as a result of your physical health...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW8
- REFUSED9

A6. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious)...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW8
- REFUSED9

A7. During the past 4 weeks, how much of the time did you do work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious)...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW8
- REFUSED9

A8. During the past 4 weeks how much did pain interfere with your normal work, including work outside the home and housework...

- Not at all 1
- A little bit.....2
- Moderately3
- Quite a bit.....4
- Extremely5
- DON'T KNOW8
- REFUSED9

How much of the time during the past 4 weeks...

A9. Have you felt calm and peaceful...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW 8
- REFUSED9

A10. Did you have a lot of energy...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW 8
- REFUSED9

A11. Have you felt downhearted and depressed...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW 8
- REFUSED9

A12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting friends or relatives...

- All of the time 1
- Most of the time.....2
- Some of the time3
- A little of the time.....4
- None of the time.....5
- DON'T KNOW 8
- REFUSED9

Section B: Resiliency

(Source: Abbreviated 10-item Connor-Davidson Scale)

For each item, please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

B1. I am able to adapt when changes occur.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED9

B2. I can deal with whatever comes my way.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED9

B3. I try to see the humorous side of things when I am faced with problems.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED9

B4. Having to cope with stress can make me stronger.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED9

B5. I tend to bounce back after illness, injury, or other hardships.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED9

B6. I believe I can achieve my goals, even if there are obstacles.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED 9

B7. Under pressure, I stay focused and think clearly.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED 9

B8. I am not easily discouraged by failure.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED 9

B9. I think of myself as a strong person when dealing with life's challenges and difficulties.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED 9

B10. I am able to handle unpleasant or painful feelings like sadness, fear and anger.

- Not true at all..... 1
- Rarely true.....2
- Sometimes true3
- Often true4
- True nearly all of the time.....5
- DON'T KNOW8
- REFUSED 9

Section C: Faith/Religiosity

(Source: Multiple Sources)

The next sets of questions are about religion or spirituality.

C1. How important to you is religion or spirituality? Is it...

- Very important..... 1
- Somewhat important2
- Slightly important.....3
- Not at all important.....4
- DON'T KNOW8
- REFUSED9

C2. How often, if at all, do you attend church, synagogue, a mosque, or other religious or spiritual services?

- Never..... 1
- Less than once a year...2
- A few times a year.....3
- About once a month4
- Once a week5
- Everyday6
- DON'T KNOW8
- REFUSED9

C3. What is your present religion, if any?

- Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopal, Reformed, Church of Christ, Jehovah's Witness, etc.) 1
- Roman Catholic (Catholic) 2
- Mormon (LDS/Church of Jesus Christ of Latter-day Saints)..... 3
- Orthodox (Greek, Russian, or some other orthodox church)..... 4
- Jewish (Judaism) 5
- Muslim (Islam)..... 6
- Buddhist 7
- Hindu 8
- Atheist (do not believe in God)..... 9
- Agnostic (not sure if there is a God) 10
- Something else 11 [GO TO C3a]
- Nothing in particular 12
- (DO NOT READ) Christian..... 13
- (DO NOT READ) Unitarian (Universalist) 14
- DON'T KNOW 88
- REFUSED 99

C3a. Specify: _____

C4. How often, if at all, do you pray or meditate?

- Never..... 1
- Less than once a year...2
- A few times a year.....3
- About once a month.....4
- Once a week5
- Everyday6
- DON'T KNOW8
- REFUSED9

Section D: Current Housing

(Source: Multiple Sources)

The next questions are about your current housing.

D1. Would you describe your current residence as...?

- Single family home..... 1 [GO TO D2]
- Trailer or mobile home 2 [GO TO D1b]
- Apartment, condominium 3 [GO TO D2]
- Hotel or motel 4 [GO TO D2]
- Other 5 [GO TO D1a]
- DON'T KNOW 8 [GO TO D2]
- REFUSED 9 [GO TO D2]

D1a. Specify other: _____ [GO TO D2]

D1b. Who owns the property on which the trailer is located?

- You or other household member..... 1
- Other family member 2
- Friend..... 3
- Other 4
- DON'T KNOW..... 8
- REFUSED..... 9

D2. When did you move to this residence?

[MONTH]/ [YEAR]

- DON'T KNOW..... 8
- REFUSED..... 9

D3. Do you think you might have to move within the next 3 months?

- Yes 1 [GO TO D3b1]
- No..... 2
- DON'T KNOW 8
- REFUSED 9

D3a. Do you think you might have to move within the next year?

- Yes 1
- No 2 [GO TO D4]
- DON'T KNOW 8 [GO TO D4]
- REFUSED 9 [GO TO D4]

D3b1. Why do you think you might have to move?

- [TEXT] _____
- DON'T KNOW 8
 - REFUSED 9

D4. Do you currently own this or any other house, mobile home, or condo?

- Yes 1
- No..... 2
- DON'T KNOW 8
- REFUSED 9

D4a. Is that where you are currently living?
Yes 1
No.....2
DON'T KNOW8
REFUSED9

For the next couple of questions, we will be asking about stable and permanent housing.

D5. Since 2010, have you lived, at any time, in a place that you consider permanent and stable?
Yes 1
No.....2 [GO TO D6]
DON'T KNOW8 [GO TO D6]
REFUSED9 [GO TO D6]

D5a. When did you move to this permanent and stable housing?
[MONTH]/[YEAR]
DON'T KNOW8
REFUSED9

D5b. Is that where you live now?
Yes 1
No.....2
DON'T KNOW8
REFUSED9

D6. Since we came to your home on [DATE FILL– HOME VISIT], how many times have you moved?
[NUMBER OF TIMES]
DON'T KNOW.....8
REFUSED.....9

Section E: Traumatic Events Scale

(Source: BTQ)

Now I would like to ask you some questions about traumatic events you may have experienced in your lifetime. Please tell me if you have experienced them and how many times they have occurred.

E1. Have you ever served in a war-zone or in a noncombat job that exposed you to war-related casualties, such as working as a medic or on graves registration duty?

- NEVER 1 [GO TO E2]
- ONCE 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES.. 7
- DON'T KNOW 8 [GO TO E2]
- REFUSED 9 [GO TO E2]

E1a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E1b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E2. Have you ever been in a serious car accident, or serious accident at work or somewhere else?

- NEVER 1 [GO TO E3]
- ONCE 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES.. 7
- DON'T KNOW 8 [GO TO E3]
- REFUSED 9 [GO TO E3]

E2a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E2b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E3. Have you ever been in a major natural disaster, such as a fire, tornado, hurricane, flood, or earthquake?

- NEVER..... 1 [GO TO E4]
- ONCE.....2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E4]
- REFUSED 9 [GO TO E4]

E3a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E3b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E4. Have you ever had a life-threatening illness, such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, and so forth?

- NEVER..... 1 [GO TO E5]
- ONCE.....2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E5]
- REFUSED 9 [GO TO E5]

E4a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E4b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E5. Have you ever been attacked, beaten up, or mugged by anyone, including friends, family members, or strangers?

- NEVER..... 1[GO TO E6]
- ONCE 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES..... 7
- DON'T KNOW 8 [GO TO E6]
- REFUSED 9 [GO TO E6]

E5a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E5b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E6. As a child, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps, or other injuries?

- NEVER..... 1[GO TO E7]
- ONCE 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES..... 7
- DON'T KNOW 8 [GO TO E7]
- REFUSED 9 [GO TO E7]

E6a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E6b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E7. Have you ever been in a situation in which someone made or pressured you into having some type of unwanted sexual contact?

- NEVER..... 1 [GO TO E8]
- ONCE2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E8]
- REFUSED 9 [GO TO E8]

E7a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E7b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E8. Have you ever been in any other situation in which you were seriously injured or in which you feared you might be seriously injured or killed?

- YES 1
- NO 2 [GO TO E9]
- DON'T KNOW 8 [GO TO E9]
- REFUSED 9 [GO TO E9]

E8a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E8b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E9. Have you ever witnessed a situation in which someone with whom you were very close was seriously injured or killed, or in which you feared someone would be seriously injured or killed?

- NEVER..... 1 [GO TO E10]
- ONCE.....2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E10]
- REFUSED 9 [GO TO E10]

E9a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E9b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E10. Have you ever witnessed a situation in which someone with whom you were not so close was seriously injured or killed or in which you feared someone would be seriously injured or killed?

- NEVER..... 1 [GO TO E11]
- ONCE.....2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E11]
- REFUSED 9 [GO TO E11]

E10a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E10b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW 8
- REFUSED 9

E11. Have any close family members or friends died violently, for example, in a serious car crash, mugging, or attack?

- NEVER..... 1 [GO TO E12]
- ONCE2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E12]
- REFUSED 9 [GO TO E12]

E11a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW..... 8
- REFUSED..... 9

E11b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW..... 8
- REFUSED..... 9

E12. Have you experienced the death of any of your children?

- NEVER..... 1 [GO TO E13]
- ONCE2
- TWICE.....3
- 3 TIMES4
- 4 TIMES5
- 5 TIMES6
- MORE THAN 5 TIMES..7
- DON'T KNOW 8 [GO TO E13]
- REFUSED 9 [GO TO E13]

E12a. How old were you when this first happened?

- I__II__I AGE
- DON'T KNOW..... 8
- REFUSED..... 9

E12b. How old were you when this last happened?

- I__II__I AGE
- DON'T KNOW..... 8
- REFUSED..... 9

E13. Have you experienced a seriously traumatic event not already covered in any of these questions?

- YES 1
- NO 2 [GO TO NEXT SECTION]
- DON'T KNOW 8 [GO TO NEXT SECTION]
- REFUSED 9 [GO TO NEXT SECTION]

E13a. Please describe your experience.

[FREE TEXT FIELD]

DON'T KNOW....8

REFUSED.....9

E13b. How old were you when this first happened?

I__II__I AGE

DON'T KNOW....8

REFUSED.....9

E13c. How old were you when this last happened?

I__II__I AGE

DON'T KNOW..8

REFUSED.....9

Section F: Finances

(Source: Financial Events Scale)

Now I would like to ask you some questions regarding your finances.

During the past 12 months have you...

F1. Been evicted due to not paying rent?

- YES..... 1
- NO 2
- DON'T KNOW..... 8
- REFUSED..... 9

F2. Received assistance from non-government organizations such as church or community groups?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F3. Applied for federal government disability benefits?

- YES..... 1
- NO 2 [GO TO F4]
- DON'T KNOW 8 [GO TO F4]
- REFUSED 9 [GO TO F4]

F3a. Did you receive these disability benefits?

- Yes 1
- No..... 2
- Awaiting decision on application 3
- DON'T KNOW 8
- REFUSED 9

F4. Borrowed money from friends or family to help pay bills?

- YES..... 1
- NO, YOU ASKED BUT WERE TURNED DOWN.. 2
- NO, YOU DIDN'T ASK 3
- NO (NO DETAIL PROVIDED) 4
- DON'T KNOW 8
- REFUSED 9

F5. Sold possessions or property to raise money?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

During the past 12 months has your...

F6. Spouse or partner began to work outside of the home?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F7. Spouse or partner stopped working outside of the home?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

During the past 12 months have you...

F8. Cashed in life insurance?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F9. Changed residence to save money, for example, moving somewhere with lower rent, sleeping on a couch with friends or family, living on a boat, etcetera?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F10. Took in a housemate to increase income?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 8
- REFUSED..... 9

F11. Reduced medical insurance?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F12. Eliminated medical insurance?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

During the past 12 months have you...

F13. Changed food shopping habits to save money?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F14. Changed eating habits to save money?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

F15. Postponed paying property tax?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F16. Postponed paying rent?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F17. Received shut-off warning(s) regarding utilities such as electricity, gas, water, phone, or cable due to late payment?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

During the past 12 months,

F18. Were your utilities *actually* shut-off due to late payment or non-payment?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

During the past 12 months have you...

F19. Cut back on social activities and entertainment expenses?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F20. Postponed major household purchases?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F21. Postponed clothing purchases?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F22. Changed transportation patterns to save money?
YES.....1
NO2
DON'T KNOW8
REFUSED.....9

F23. Cut back on charitable donations and/or tithing?
 YES..... 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

F24. Reduced household utility use?
 YES..... 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

During the past 12 months...

F25. Have you taken on additional employment to help meet expenses?
 Yes..... 1
 No, you sought additional employment, but didn't find any..... 2
 No, you didn't try to find any 3
 DON'T KNOW..... 8
 REFUSED..... 9

F26. Has your spouse taken on additional employment to help meet expenses?
 YES..... 1
 NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY .. 2
 NO, HE/SHE DIDN'T TRY TO FIND ANY 3
 N/A..... 4
 DON'T KNOW..... 8
 REFUSED..... 9

F27. Has your child taken on additional employment to help meet expenses?
 YES..... 1
 NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY .. 2
 NO, HE/SHE DIDN'T TRY TO FIND ANY 3
 N/A..... 4
 DON'T KNOW..... 8
 REFUSED..... 9

Section G: Mental Health Service Utilization

(Source: Multiple Sources)

G1. In the past 6 months, have you wanted to speak with anyone about any emotional or psychological issues?

- YES 1
- NO 2 [GO TO SECTION H]
- DON'T KNOW 8 [GO TO SECTION H]
- REFUSED 9 [GO TO SECTION H]

G1a. Did you talk with any professional or provider about any of these issues?

- YES 1 [GO TO G1c]
- NO 2
- DON'T KNOW 8 [GO TO SECTION H]
- REFUSED 9 [GO TO SECTION H]

G1b. Why not? [CHECK ALL THAT APPLY]

- Don't know where to go 1 [GO TO SECTION H]
- No insurance 2 [GO TO SECTION H]
- Insurance doesn't cover it 3 [GO TO SECTION H]
- No transportation 4 [GO TO SECTION H]
- No child care 5 [GO TO SECTION H]
- Other 6
- DON'T KNOW 8 [GO TO SECTION H]
- REFUSED 9 [GO TO SECTION H]

G1b1. Specify other: _____

[GO TO SECTION H]

G1c. What type or types of provider were they? [CHECK ALL THAT APPLY]

- Psychologist 1
- Psychiatrist 2
- Case manager, case worker, or outreach worker 3
- Social worker 4
- Nurse 5
- Physician 6
- Clergy 7
- School counselor or guidance counselor 8
- Other 9
- DON'T KNOW 88 [GO TO SECTION H]
- REFUSED 99 [GO TO SECTION H]

G1c1. Specify other: _____

[IF G1c = NONE OF 1,2,4,5,6, GO TO SECTION H (I.E., IF NO HEALTH PROFESSIONALS/SOCIAL WORKERS REPORTED IN G1c, THEN GO TO SECTION H)]

[IF G1c = ONLY ONE OF 1,2,4,5,6, GO TO G3 (I.E., IF ONLY ONE HEALTH PROFESSIONAL/SOCIAL WORKER REPORTED IN G1c, THEN GO TO G3)]

G2. Let's talk about the mental health care professional you most recently visited. What type of provider were they?

- Psychologist 1
- Psychiatrist 2
- Social worker 4
- Nurse 5
- Physician 6
- Other 9
- DON'T KNOW 88 [GO TO SECTION H]
- REFUSED 99 [GO TO SECTION H]

G2a. Specify other: _____

[IF G2=9, GO TO SECTION H]

G3. Thinking back to the first time you went to this [INSERT ANSWER FROM G2, IF ASKED, ELSE G1c; RESTRICT TO CHOICES 1,2,4,5, or 6 (I.E., DO NOT INCLUDE OPTIONS 3,7,8, OR 9)], did you go on your own, did someone refer you, were you just taken there, or were you there for something else?

- ON YOUR OWN 1 [GO TO G3b]
- WERE REFERRED 2
- WERE JUST TAKEN THERE 3 [GO TO G3b]
- WERE THERE FOR SOMETHING ELSE 4 [GO TO G3b]
- DON'T KNOW 8 [GO TO G3b]
- REFUSED 9 [GO TO G3b]

G3a. Who referred you to this [INSERT ANSWER FROM G2, IF ASKED, ELSE G1c; RESTRICT TO CHOICES 1,2,4,5, or 6 (I.E., DO NOT INCLUDE OPTIONS 3,7,8, OR 9)]?

- A friend, relative, or acquaintance 1
- Another medical provider 2
- A case manager 3
- Someone else 4
- DON'T KNOW 8
- REFUSED 9

G3b. Overall, how satisfied are you with the care that you get from this [INSERT ANSWER FROM G2, IF ASKED, ELSE G1c; RESTRICT TO CHOICES 1,2,4,5, or 6 (I.E., DO NOT INCLUDE OPTIONS 3,7,8, OR 9)] in terms of psychological counseling or support?

- Very satisfied 1 [GO TO G4]
- Somewhat satisfied 2 [GO TO G4]
- Somewhat dissatisfied 3
- Very dissatisfied 4
- DON'T KNOW 8 [GO TO G4]
- REFUSED 9 [GO TO G4]

G3b1. Could you briefly explain why you are dissatisfied?

[TEXT]

- DON'T KNOW 8
- REFUSED 9

G4. Is there anything else you feel is important to tell me about your mental health care provider?

[TEXT]

DON'T KNOW 8

REFUSED..... 9

Section H: Barriers to Access to Care

(Source: Multiple Sources)

Sometimes people have difficulties in getting services they need.

At any time in the last 6 months, did you ever delay or not get the assistance you thought you needed...

H1. Because the staff at the office or clinic do not speak your language?

YES 1
NO 2 [GO TO H2]
DON'T KNOW 8 [GO TO H2]
REFUSED 9 [GO TO H2]

H1a. Did this happen when you needed medical services, social services, or both?

MEDICAL 1
SOCIAL 2
BOTH 3
DON'T KNOW 8
REFUSED 9

H2. Because it cost too much or it wasn't covered by insurance?

YES 1
NO 2 [GO TO H3]
DON'T KNOW 8 [GO TO H3]
REFUSED 9 [GO TO H3]

H2a. Did this happen when you needed medical services, social services, or both?

MEDICAL 1
SOCIAL 2
BOTH 3
DON'T KNOW 8
REFUSED 9

H3. Because you felt the staff at the office or clinic was not competent to deal with your problem?

YES 1
NO 2 [GO TO H4]
DON'T KNOW 8 [GO TO H4]
REFUSED 9 [GO TO H4]

H3a. Did this happen when you needed medical services, social services, or both?

MEDICAL 1
SOCIAL 2
BOTH 3
DON'T KNOW 8
REFUSED 9

H4. Because you didn't know or weren't sure where to go?

YES 1
NO 2 [GO TO H5]
DON'T KNOW 8 [GO TO H5]
REFUSED 9 [GO TO H5]

H4a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL 2
- BOTH 3
- DON'T KNOW 8
- REFUSED 9

H5. Because it was difficult to get transportation there?

- YES 1
- NO 2 [GO TO H6]
- DON'T KNOW 8 [GO TO H6]
- REFUSED 9 [GO TO H6]

H5a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL 2
- BOTH 3
- DON'T KNOW 8
- REFUSED 9

H6. Because the staff at the office or clinic are often not polite, are disrespectful, or are insensitive to your needs?

- YES 1
- NO 2 [GO TO H7]
- DON'T KNOW 8 [GO TO H7]
- REFUSED 9 [GO TO H7]

H6a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL 2
- BOTH 3
- DON'T KNOW 8
- REFUSED 9

H7. Because you weren't sure that the staff at the office or clinic would understand your problems?

- YES 1
- NO 2 [GO TO H8]
- DON'T KNOW 8 [GO TO H8]
- REFUSED 9 [GO TO H8]

H7a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL 2
- BOTH 3
- DON'T KNOW 8
- REFUSED 9

H8. Because you felt that the staff is not good at listening to your problems or needs?

- YES 1
- NO 2 [GO TO H9]
- DON'T KNOW 8 [GO TO H9]
- REFUSED 9 [GO TO H9]

H8a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL.....2
- BOTH3
- DON'T KNOW 8
- REFUSED.....9

H9. Because you needed someone to take care of your children?

- YES 1
- NO.....2 [GO TO H10]
- DON'T KNOW 8 [GO TO H10]
- REFUSED.....9 [GO TO H10]

H9a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL.....2
- BOTH3
- DON'T KNOW 8
- REFUSED.....9

H10. Because you were nervous or afraid of what the doctor/service provider might say?

- YES 1
- NO.....2 [GO TO NEXT SECTION]
- DON'T KNOW 8 [GO TO NEXT SECTION]
- REFUSED.....9 [GO TO NEXT SECTION]

H10a. Did this happen when you needed medical services, social services, or both?

- MEDICAL 1
- SOCIAL.....2
- BOTH3
- DON'T KNOW 8
- REFUSED.....9

Section I: Social Support Scale

(Source: NHANES Social Support Questionnaire 2005-2006)

Now I would like to ask a few questions about your friends and family.

11. Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

YES 1
NO 2
I DON'T NEED HELP 3
DON'T KNOW 8
REFUSED 9

12. In the last 12 months, who has been helpful in providing you with emotional support?
[CHECK ALL THAT APPLY]

SPOUSE 01
DAUGHTER 02
SON 03
SISTER/BROTHER 04
PARENT 05
OTHER RELATIVE 06
NEIGHBORS 07
CO-WORKERS 08
CHURCH MEMBERS 09
CLUB MEMBERS 10
PROFESSIONALS 11
FRIENDS 12
OTHER 13
NO ONE 14
DON'T KNOW 88
REFUSED 99

13. In the last 12 months, could you have used more emotional support than you received?

YES 1
NO 2 [GO TO 14]
DON'T KNOW 8 [GO TO 14]
REFUSED 9 [GO TO 14]

- 13a. Concerning emotional support, would you say that you could have used...?

A lot more 1
Some more 2
A little more 3
DON'T KNOW 8
REFUSED 9

14. How often do you attend church or religious services?

1__2__3__4__ NUMBER OF TIMES
PER DAY 1
PER WEEK 2
PER MONTH 3
PER YEAR 4
DON'T KNOW 8
REFUSED 9

15. Is there someone you could count on to help you if you were sick, for example, to take you to the doctor or help you with daily chores?

- YES 1
- NO 2
- YES, BUT I WOULDN'T ACCEPT IT 3
- DON'T KNOW 8
- REFUSED 9

16. If you need some extra help financially, could you count on anyone to help you, for example, by paying any bills, housing costs, medical expenses, or providing you with food or clothes?

- YES 1
- NO 2
- YES, BUT I WOULDN'T ACCEPT IT 3
- DON'T KNOW 8
- REFUSED 9

17. In general how many close friends do you have?

[INTERVIEWER PROBE: By "close friends" I mean relatives or non-relatives that you feel at ease with, can talk to about private matters, and can call on for help]

- I NUMBER OF CLOSE FRIENDS
- DON'T KNOW 8
 - REFUSED 9

Section J: Social Trust Scale

(Source: General Social Survey [GSS])

J1. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

MOST PEOPLE CAN BE TRUSTED 1
CAN'T BE TOO CAREFUL 2
OTHER/DEPENDS 3
DON'T KNOW..... 8
REFUSED..... 9

J2. Do you think most people would try to take advantage of you if they got the chance, or would they try to be fair?

TAKE ADVANTAGE OF YOU 1
TRY TO BE FAIR 2
OTHER/DEPENDS 3
DON'T KNOW..... 8
REFUSED..... 9

J3. Would you say that most of the time people try to be helpful, or that they are mostly just looking out for themselves?

TRY TO BE HELPFUL 1
JUST LOOKING OUT FOR THEMSELVES 2
OTHER/DEPENDS 3
DON'T KNOW..... 8
REFUSED..... 9

Section K: Collective Efficacy: Social Cohesion Subscale

(Source: Browning, Wallace, Feinberg, & Cagney (2006); adapted from Sampson et al., 1997)

Now I have some questions about your neighborhood or community. Answer these questions thinking about YOUR neighborhood. How strongly do you agree or disagree with the following statements?

K1. People around here are willing to help their neighbors.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree.....	4
Strongly agree.....	5
DON'T KNOW.....	8
REFUSED.....	9

K2. This is a close-knit neighborhood.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree.....	4
Strongly agree.....	5
DON'T KNOW.....	8
REFUSED.....	9

K3. People in this neighborhood can be trusted.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree.....	4
Strongly agree.....	5
DON'T KNOW.....	8
REFUSED.....	9

K4. People in this neighborhood generally don't get along with each other.

Strongly disagree	5
Somewhat disagree	4
Neither agree nor disagree	3
Somewhat agree.....	2
Strongly agree.....	1
DON'T KNOW.....	8
REFUSED.....	9

K5. People in neighborhood do not share same values.

Strongly disagree	5
Somewhat disagree	4
Neither agree nor disagree	3
Somewhat agree.....	2
Strongly agree.....	1
DON'T KNOW.....	8
REFUSED.....	9

Section L: Depression

(Source: PATIENT HEALTH QUESTIONNAIRE (PHQ) – 9, BRFSS Version)

The next set of questions is about depression.

L1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L4. Over the last 2 weeks, how many days have you felt tired or had little energy?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

L9. Over the last 2 weeks, how many days have you had thoughts that you would be better off dead or of hurting yourself in some way?

[INTERVIEWER PROBE: "If you would you like a mental health referral, I would be happy to provide one at the end of the interview."]

01-14 days |__|__|
None..... 00
DON'T KNOW 8
REFUSED 9

Section M: Affect

(Source: I-PANAS-SF – Positive and Negative Affect Schedule Short Form)

This scale consists of a number of words that describe different feelings and emotions. I will read each item and ask you to indicate to what extent you have felt this way over the past one week.

M1. Upset

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M2. Hostile

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M3. Alert

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M4. Ashamed

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M5. Inspired

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M6. Nervous

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4

Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M7. Determined

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M8. Attentive

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M9. Active

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

M10. Afraid

Slightly or None	1
A little	2
Moderately	3
Quite a Bit	4
Extremely	5
DON'T KNOW.....	8
REFUSED.....	9

Section N: Post Traumatic Stress Disorder

(Source: PC-PTSD)

During the past 30 days have you....

N1.Had nightmares about the oil spill or any clean-up efforts you engaged in or thought about it when you did not want to?

- YES 1
- NO.....2
- DON'T KNOW 8
- REFUSED..... 9

N2. Tried hard not to think about the oil spill or any clean-up efforts you engaged in or went out of your way to avoid situations that reminded you of it?

- YES 1
- NO.....2
- DON'T KNOW 8
- REFUSED..... 9

N3. Been constantly on guard, watchful or easily startled?

- YES 1
- NO.....2
- DON'T KNOW 8
- REFUSED..... 9

N4. Felt numb or detached from others, activities or your surroundings?

- YES 1
- NO.....2
- DON'T KNOW 8
- REFUSED..... 9

Section O: Generalized Anxiety Disorder

(Source: GAD-7 scale, Generalized Anxiety Disorder 7-item scale)

Over the last 2 weeks, how often have you been bothered by the following problems?

- O1. Feeling nervous, anxious or on edge
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

- O2. Not being able to stop or control worrying
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

- O3. Worrying too much about different things
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

- O4. Trouble relaxing
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

- O5. Being so restless that it's hard to sit still
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

- O6. Becoming easily annoyed or irritable
 - Not at all sure 1
 - Several days 2
 - Over half of the days 3
 - Nearly every day 4
 - DON'T KNOW 8
 - REFUSED 9

O7. Feeling afraid as if something awful might happen

Not at all sure	1
Several days	2
Over half of the days	3
Nearly every day	4
DON'T KNOW	8
REFUSED	9

O8. If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	1
Somewhat difficult	2
Very difficult	3
Extremely difficult	4
DON'T KNOW	8
REFUSED	9