

CLIENT SIX MONTH INTERVIEW

The purpose of this interview is to learn more about what helps people find and keep a job. I will ask you questions about yourself, such as your marital status and where you live, as well as questions about how you're feeling right now and your opinions about working. Some of the questions will ask you to tell me how much you agree or disagree with a statement. Other questions will ask you to give me some detailed information. I will write down your answers for each questions so we can compare your answers to those given by other people participating in the study.

DEMOGRAPHICS

I would like to begin by asking you some questions about yourself.

1. What is your current marital status? 1 2 3 4 5 6 8 9
 - 1 Never married
 - 2 Married
 - 3 Living as married
 - 4 Separated
 - 5 Divorced
 - 6 Widowed
 - 8 Don't know
 - 9 Refused

2. What is the highest grade in school that you completed?
 - 00 No formal schooling
 - 01 Some elementary schooling
 - 02 Completed 8th grade
 - 03 Some high school
 - 04 Completed high school or GED
 - 05 Some college or technical school
 - 06 Completed Associate's degree
 - 07 Completed Bachelor's degree
 - 08 Some graduate school
 - 09 Completed Master's degree
 - 10 Completed Doctoral degree
 - 88 Don't know
 - 99 Refused

RESIDENTIAL

1. Please describe your current residential situation; that is, where are you living right now?
(Interviewer: Write respondent's description in the space below. Elicit sufficient information to code using categories below.)

2. Interviewer: Using the above description, code respondent's living situation using the category definitions listed below.

- Independent:** Lives in a house, apartment, or similar setting. 8
 Has primary or shares responsibility for residential maintenance (e.g., upkeep, cooking, finances). No regular visits from professionals or family are required to monitor/maintain residential environment.
- Supported, Living with Family:** Lives in a house, apartment, or similar setting with family. 7
- Assisted/Supported:** Lives in a house, apartment, or similar setting. Has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. 6
- Supervised Non-Facility:** Lives in a house, apartment or similar setting with other persons. May have some secondary responsibility for residential maintenance and self-care, but no primary or overall responsibilities. Supervision is relatively continuous, but without in-house clinical staff. 5
- Supervised Facility:** Lives in a multi-bed, but non-institutional facility with other consumers. Professionals hold primary responsibility for residential maintenance and provide clinical supervision for consumer self-care. Supervision is present, in some form 24 hours/day. (This category includes mental health group homes, board-and-care, etc.) 4
- Treatment Institutions:** Lives in a facility staffed 24 hours/day with clinical treatment provided along with substantial assistance with self-care. Is generally unable to leave without approval or escort. 3
- Homeless:** Lives in a shelter, mission, flophouse, or on the streets. 2
- Correctional Facility:** Lives in a jail or prison. 1
- Refused** 9

3. How many children do you have?

	Don't know	Refused
(Number of children)	88	99

4. How many people currently live with you?

	Don't know	Refused
(Number of co-residents)	88	99

4a. Of those people who currently live with you, how many are children under the age of 18?

	Don't know	Refused
(Number of co-residential children under age 18)	88	99

FINANCES AND ENTITLEMENTS

1. Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential. I will not be sharing this information with your case manager, other staff, your family, or Social Security.

8 Don't Know 9 Refused

- | | | |
|---|-------------------|-----|
| A. Earned income/paid employment/sheltered workshop (take home) | \$ <u>1st job</u> | 8 9 |
| Interviewer: Fill in amount earned at respondent's second job on this line, if applicable | \$ <u>2nd job</u> | 8 9 |
| B. Social Security Retirement Benefits (SSA) | \$ _____ | 8 9 |
| C. Social Security Disability Income (SSDI) | \$ _____ | 8 9 |
| D. Supplemental Security Income (SSI) | \$ _____ | 8 9 |
| E. VA or other armed services disability benefits | \$ _____ | 8 9 |
| F. VA or other armed services pension | \$ _____ | 8 9 |
| G. Other Social Welfare benefits--state or county (general welfare/public aid, food stamps, Aid to Families with Dependent Children (AFDC)) | \$ _____ | 8 9 |
| H. Vocational program (JTPA, Vocational Rehabilitation, Goodwill) | \$ _____ | 8 9 |
| I. Unemployment compensation | \$ _____ | 8 9 |
| J. Retirement, investment, or savings income (only if respondent receives regular payments) | \$ _____ | 8 9 |
| K. Alimony and child support | \$ _____ | 8 9 |
| L. Family (Specify _____) | \$ _____ | 8 9 |

Mandatory Prompt: Sometimes people's income is increased through other methods that aren't reported to the government. The kinds of things I'm referring to include money received by doing odd jobs for cash, gambling or bookmaking, drug dealing, selling stolen goods, or exchanging sex for money. I don't want to know *which* of these activities you might have engaged in, I just want to know by *how much* your monthly income increased if you did any of them. Remember, I can't share this information with *anyone*, no matter what the reason. Did you make any income this way last month? (If yes, ask:) How much?

- | | | |
|----------------------------------|----------|-----|
| M. Illegal income | \$ _____ | 8 9 |
| N. Other sources (Specify _____) | \$ _____ | 8 9 |

2. A. What was your total **personal** income last month?
Personal income means the total amount of money paid out to respondent
or respondent's payee during the past month. \$ _____ 8 9
Interviewer: Response given for #2A should be the sum total of responses given for #1.

If respondent currently resides in a group home or other facility, SKIP #2B.

B. What was your total **household** income last month?
Household income means the total amount of money that everyone
in your home received during the past month. \$ _____ 8 9

1 Yes 0 No 8 Don't know 9 Refused

3. Do you receive any benefits or money for the following services?

A. Medical health care	1	0	8	9
B. Psychiatric care	1	0	8	9
C. Dental care	1	0	8	9
D. Prescriptions	1	0	8	9

4. Do you currently use the following benefits:

A. Housing subsidy	1	0	8	9
B. Social Security work incentive (i.e., PASS plan, ERWI)	1	0	8	9

5. Are your mental health services covered by any of these plans?

A. Medicaid	1	0	8	9
B. Medicare	1	0	8	9
C. Private insurance plan	1	0	8	9
D. VA or other armed services benefits	1	0	8	9

If yes: What is the name of the insurance plan?

_____ Don't know 8 Refused 9

6. During the last 6 months did you receive any cash assistance to help you work, such as money to buy uniforms, travel tokens to go to work, etc.? 1 0 8 9

INTERVIEWER: IF RESPONDENT CURRENTLY RECEIVES SSI OR BOTH SSI AND SSDI, ASK QUESTIONS 1-7. IF THE RESPONDENT CURRENTLY RECEIVES SSDI ONLY, ASK QUESTIONS 8-14. IF RESPONDENT RECEIVES NEITHER SSI OR SSDI, SKIP THIS SET OF QUESTIONS.

I'd like to ask you a few questions about your understanding of Social Security benefits. *(Show respondent list of statements (A) and card #aa).* Please look at *card aa* and tell me whether you agree or disagree with these statements:

	Disagree 1	Not Sure 2	Agree 3	Don't know 8	Refused 9
1. As soon as people start working they stop getting their benefit check(s).	1	2	3	8	9
2. I can make more money just collecting my benefit check(s) than I can if I go to work while on benefits.	1	2	3	8	9
3. As soon as people start working they lose their medical (Medicaid) coverage.	1	2	3	8	9
4. Unless a job offers coverage of mental health and prescriptions, I can't afford to take it.	1	2	3	8	9
5. If I go to work, get off of benefits and get sick right away, I'll have a hard time getting back on benefits.	1	2	3	8	9
6. I can't afford to get training to help me get a better job.	1	2	3	8	9
7. If I knew that I wouldn't lose all of my benefits, I would try to get a job or get a better job.	1	2	3	8	9
(REMINDER: QUESTIONS 8-14 ARE FOR SSDI RECIPIENTS ONLY)					
8. As soon as people start working they stop getting their benefit check(s).	1	2	3	8	9
9. I can make money at a job and still collect my benefits check(s).	1	2	3	8	9
10. As soon as people start working they lose their medical (Medicare) coverage.	1	2	3	8	9
11. Unless a job offers coverage of mental health and prescriptions I can't afford to take it.	1	2	3	8	9
12. If I go back to work and get sick right away, I will have lost my benefits and will have a hard time getting back on benefits.	1	2	3	8	9
13. I can't afford to get training to help me get a better job.	1	2	3	8	9
14. If I knew that I wouldn't lose all of my benefits, I would try to get a job or get a better job.	1	2	3	8	9

CURRENT LABOR FORCE STATUS AND WORK INTEREST

1 Yes 0 No 8 Don't know 9 Refused

1. Are you currently:

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 Working (includes sheltered workshop) | | | | 1 | 0 | 8 | 9 |
| 2 Have a job but not at work (i.e., leave of absence, suspension) | 1 | 0 | 8 | 9 | | | |
| 3 Looking for work | | | | 1 | 0 | 8 | 9 |
| 4 Keeping house/caregiving | | | | 1 | 0 | 8 | 9 |
| 5 Going to school | | | | 1 | 0 | 8 | 9 |
| 6 Doing volunteer work | 1 | 0 | 8 | 9 | | | |
| 7 In vocational training | 1 | 0 | 8 | 9 | | | |
| 8 Unable to work | | | | 1 | 0 | 8 | 9 |
| 9 Other (Specify _____) | | | | 1 | 0 | 8 | 9 |

2. Are you interested in working?

1 0 8 9

WORK MOTIVATION SCALE

The following statements reflect people's attitudes about work. We would like to know how you feel about them. If you not currently employed, please respond with your past jobs in mind. (Show respondent list of statements (B) and card #bb).

Disagree Somewhat Agree Mostly Agree Strongly Agree Don't know Refused
 1 2 3 4 8 9

- | | | | | | | | | | | | |
|---|--|--|--|--|--|---|---|---|---|---|---|
| 1. I want my work to provide me with opportunities for increasing my knowledge and skill. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 2. I want other people to find out how good I really can be at my work. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 3. Working helps me cope with my mental illness. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 4. I have more dignity and self-respect when I'm working. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 5. Having a job helps me forget for a while that I have a mental illness. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 6. Sometimes I feel that I have to work because it is expected of me, and not because I really want to. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |
| 7. I worry that people at work will be able to tell that I have emotional problems. | | | | | | 1 | 2 | 3 | 4 | 8 | 9 |

8. I'm disappointed in the kinds of jobs I get. 1 2 3 4 8 9

9. I feel that most jobs are pretty boring and routine. 1 2 3 4 8 9

10. Sometimes I feel like my friends or family are disappointed in the kinds of jobs I get. 1 2 3 4 8 9

11. I worry that the jobs I've had will mean that I'll have to do the same kind of work for the rest of my life. 1 2 3 4 8 9

12. Working makes me feel good about myself. 1 2 3 4 8 9

FUTURE WORK MOTIVATION ITEM

1. I see myself holding a paying job in the next year. 1 2 3 4 8 9

Disagree 1 Somewhat Agree 2 Mostly Agree 3 Strongly Agree 4 Don't know 8 Refused

INTERVIEWER: THE EMPLOYER DISCLOSURE ITEM AND THE JOB SATISFACTION QUESTIONNAIRE ARE TO BE ASKED ONLY IF RESPONDENT IS CURRENTLY EMPLOYED.

EMPLOYER DISCLOSURE ITEM

Have you or has someone with your permission disclosed your psychiatric disability to your employer? 1 0 8 9

1 Yes 0 No 8 Don't know 9 Refused

JOB SATISFACTION QUESTIONNAIRE

How satisfied or dissatisfied do you feel with each of these features of your present job? (Show respondent list of statements (E) and card #ee).

Extremely Dissatisfied 1 Very Dissatisfied 2 Moderately Dissatisfied 3 Not Satisfied 4 Moderately Satisfied 5 Very Satisfied 6 Extremely Satisfied 7 Don't Know 8 9

1. The physical work conditions 1 2 3 4 5 6 7 8 9

- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2. The freedom to choose your own method of working | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Your fellow workers | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. The recognition you get for good work | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. Your immediate boss | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. The amount of responsibility you are given | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Your rate of pay | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Your opportunity to use your abilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Relations between management and workers at your job | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. Your chance for promotion | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. The way your place of employment is managed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 12. The attention paid to suggestions you make | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 13. Your hours of work | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 14. The amount of variety in your job | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 15. Your job security | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 16. Now, taking everything into consideration, how do you feel about your job as a whole? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

JOB IMPACT ITEM

- | | | | | | |
|---|---|---|---|---|---|
| 1. What kind of impact has this job had on your life? | 1 | 2 | 3 | 8 | 9 |
| 1 My life is worse | | | | | |
| 2 My life is about the same | | | | | |
| 3 My life is better | | | | | |
| 8 Don't know | | | | | |
| 9 Refused | | | | | |

CLIENT SATISFACTION

Interviewer: Read the following to respondent.

We would like you to tell us how you feel about the services you have received in the (insert name of respondent's service delivery program) since our last interview. We are interested in your honest opinions, whether they are positive or negative. When answering these questions, please keep in mind the services you have received from the _____ program over the past six months only.

1. How would you rate the quality of service you have received?

1 2 3 4 8 9

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 Don't know
- 9 Refused

2. Did you get the kind of service you wanted?

1 2 3 4 8 9

- 1 No, definitely not
- 2 No, not really
- 3 Yes, generally
- 4 Yes, definitely
- 8 Don't know
- 9 Refused

3. To what extent have your services met your needs?

1 2 3 4 8 9

- 1 None of my needs have been met
- 2 Only a few of my needs have been met
- 3 Most of my needs have been met
- 4 Almost all of my needs have been met
- 8 Don't know
- 9 Refused

4. If a friend were in need of similar help, would you recommend these services to him/her?

1 2 3 4 8 9

- 1 No, definitely not
- 2 No, I don't think so
- 3 Yes, I think so
- 4 Yes, definitely
- 8 Don't know
- 9 Refused

5. How satisfied are you with the amount of help you received?

1 2 3 4 8 9

- 1 Quite dissatisfied
- 2 Mildly dissatisfied
- 3 Mostly satisfied
- 4 Very satisfied
- 8 Don't know
- 9 Refused

6. Have the services you received helped you to deal more effectively with your problems? 1 2 3 4 8 9

- 1 No, they seemed to make things worse
- 2 No, they really didn't help
- 3 Yes, they helped somewhat
- 4 Yes, they helped a great deal
- 8 Don't know
- 9 Refused

7. In an overall, general sense, how satisfied are you with the service you received? 1 2 3 4 8 9

- 1 Quite dissatisfied
- 2 Mildly dissatisfied
- 3 Mostly satisfied
- 4 Very satisfied
- 8 Don't know
- 9 Refused

8. If you were to seek help again, would you return to these services? 1 2 3 4 8 9

- 1 No, definitely not
- 2 No, I don't think so
- 3 Yes, I think so
- 4 Yes, definitely
- 8 Don't know
- 9 Refused

PHYSICAL HEALTH

I'd like to ask you some questions about your physical health.

1. In general, would you say your health is: 1 2 3 4 5 8 9

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

- 8 Don't know
- 9 Refused

2. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- 1 Yes
- 0 No
- 8 Don't know
- 9 Refused

- | | | | | |
|---|---|---|---|---|
| A. Cut down the amount of time you spent on work or other activities | 1 | 0 | 8 | 9 |
| B. Accomplished less than you would like | 1 | 0 | 8 | 9 |
| C. Were limited in the kind of work or other activities | 1 | 0 | 8 | 9 |
| D. Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 0 | 8 | 9 |

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems?

- 1 Yes
- 0 No
- 8 Don't know
- 9 Refused

- | | | | | |
|--|---|---|---|---|
| A. Cut down the amount of time you spent on work or other activities | 1 | 0 | 8 | 9 |
| B. Accomplished less than you would like | 1 | 0 | 8 | 9 |
| C. Didn't do work or other activities as carefully as usual | 1 | 0 | 8 | 9 |

4. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

1 2 3 4 5 8 9

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 8 Don't know
- 9 Refused

5. 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?

1 2 3 4 5 8 9

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

- 8 Don't know
- 9 Refused

6. How TRUE or FALSE is each of the following statements for you?

	Definitely True 1	Mostly True 2	Don't Know 3	Mostly False 4	Definitely False 5	Refused 9						
A. I seem to get sick a little easier than other people.							1	2	3	4	5	9
B. I am as healthy as anybody I know.							1	2	3	4	5	9
C. I expect my health to get worse.							1	2	3	4	5	9
D. My health is excellent.							1	2	3	4	5	9

QUALITY OF LIFE SCALE

Please look at this card. (Show card #cc) This is called the Delighted-Terrible Scale (D-T Scale). The scale goes from **terrible**, which is the lowest ranking of **1**, to **delighted**, which is the highest ranking of **7**. There are also points 2 through 6 with descriptions below them. (READ POINTS ON THE SCALE).

During this part of the interview, we'll be using this scale from time to time to help you tell me how you feel about different things in your life. All you have to do is tell me what on the scale best describes how you feel. For example, if I ask, "how do you feel about chocolate ice cream" and you are someone who loves chocolate ice cream, you might point to "delighted." On the other hand, if you hate chocolate ice cream, you might point to "terrible." If you feel about equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Do you have any questions about the scale? Please show me how you feel about chocolate ice cream. Let's begin. The first question is a very general one.

		Mostly	Mostly						
Terrible	Unhappy	Dissatisfied	Mixed	Satisfied	Pleased	Delighted	Don't Know	Refused	
1	2	3	4	5	6	7	8	9	

1. How do you feel about your life in general? 1 2 3 4 5 6 7 8 9

2. (If respondent is currently in the hospital for less than 3 months, use more recent residence prior to hospitalization. If respondent is in the hospital 3 months or more, use hospital as the residence. Skip if homeless.)

How do you feel about:

A. The living arrangements where you live? 1 2 3 4 5 6 7 8 9

B. The privacy you have there? 1 2 3 4 5 6 7 8 9

C. The prospect of staying on where you currently live for a long period of time? 1 2 3 4 5 6 7 8 9

3. Now let's talk about some of the things you did with your time in the past week. I'm going to read you a list of things people may do with their free time. For each of these, please tell me if you did it during the past week.

1 Yes 0 No 8 Don't know 9 Refused

Did you:	A. Go for a walk?	1	0	8	9
	B. Go shopping?	1	0	8	9
	C. Go to a restaurant or coffee shop?	1	0	8	9
	D. Read a book, magazine, or newspaper?	1	0	8	9
	E. Go for a ride in a bus or car?	1	0	8	9
	F. Work on a hobby?	1	0	8	9
	G. Play a sport?	1	0	8	9
	H. Go to a park?	1	0	8	9

Now please look at the D-T Scale again.

Terrible	Unhappy	Mostly Dissatisfied	Mostly Mixed	Satisfied	Pleased	Delighted	Don't Know	Refused
1	2	3	4	5	6	7	8	9

4. How do you feel about:

- A. The way you spend your spare time? 1 2 3 4 5 6 7 8 9
- B. The chance you have to enjoy pleasant or beautiful things? 1 2 3 4 5 6 7 8 9
- C. The amount of fun you have? 1 2 3 4 5 6 7 8 9
- D. The amount of relaxation in your life? 1 2 3 4 5 6 7 8 9

The next few questions are about your relationship with your family.

At least once a day	At least once a week	At least once a month	Less than once a month	Not at all	No family	Don't know	Refused
5	4	3	2	1	0	8	9

- 5. In the past two months, how often did you talk to a member of your family on the telephone? 5 4 3 2 1 0 8 9
- 6. In the past two months, how often did you get together with a member of your family? 5 4 3 2 1 0 8 9

Please look at the D-T Scale again.

Terrible	Unhappy	Mostly Dissatisfied	Mostly Mixed	Satisfied	Pleased	Delighted	Don't Know	Refused
1	2	3	4	5	6	7	8	9

7. How do you feel about:

- A. The way you and your family act toward each other? 1 2 3 4 5 6 7 8 9
- B. The way things are in general between you and your family? 1 2 3 4 5 6 7 8 9

Now I'd like to know about other people in your life, that is, people who are not in your family.

8. About how often do you do the following?

At least once a day 5	At least once a week 4	At least once a month 3	Less than once a month 2	Not at all 1	No family 0	Don't know 8	Refused 9					
A. Visit with someone who does not live with you?						5	4	3	2	1	8	9
B. Telephone someone who does not live with you?						5	4	3	2	1	8	9
C. Do something with another person that you planned ahead of time?						5	4	3	2	1	8	9
D. Spend time with someone you consider more than a friend, like a boyfriend or girlfriend?						5	4	3	2	1	8	9

Please look at the D-T Scale again.

Terrible 1	Unhappy 2	Mostly Dissatisfied 3	Mostly Mixed 4	Satisfied 5	Pleased 6	Delighted 7	Don't Know 8	Refused 9
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9. How do you feel about:

A. The things you do with other people?	1	2	3	4	5	6	7	8	9
B. The amount of time you spend with other people?	1	2	3	4	5	6	7	8	9
C. The people you see socially?	1	2	3	4	5	6	7	8	9

10. On the average, how much money did you have to spend on yourself in the past month, not counting money for room and meals?

(SPECIFY) \$ _____.

Don't know 888
 Refused 999

Interviewer rating: How reliable do you think R's responses were to Q10?

- Very reliable 4
- Generally reliable3
- Generally unreliable 2
- Very unreliable 1

11. During the past two months, did you generally have enough money each month to cover...

	1 Yes	0 No	8 Don't know	9 Refused				
A. Food?					1	0	8	9
B. Clothing?					1	0	8	9
C. Housing?					1	0	8	9
D. Traveling around (for things like shopping, medical appointments, or visiting friends and relatives)?					1	0	8	9
E. Social activities like movies or eating in restaurants?					1	0	8	9

Now, I'd like to use the D-T Scale again.

		Mostly	Mostly						
Terrible	Unhappy	Dissatisfied	Mixed	Satisfied	Pleased	Delighted	Don't Know	Refused	
1	2	3	4	5	6	7	8	9	

12. In general, how do you feel about:

A. The amount of money you get?	1	2	3	4	5	6	7	8	9
B. How comfortable and well-off you are financially?	1	2	3	4	5	6	7	8	9
C. The amount of money you have to spend for fun?	1	2	3	4	5	6	7	8	9

13. In the past two months, were you a victim of:

	1 Yes	0 No	8 Don't know	9 Refused				
A. Any violent crimes such as assault, rape, mugging, or robbery?					1	0	8	9
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?					1	0	8	9

14. In the past two months, have you been arrested or picked-up for any crimes? 8 9

# of arrests: _____							Don't know	Refused
							88	99

Please look at the D-T Scale again.

		Mostly	Mostly						
Terrible	Unhappy	Dissatisfied	Mixed	Satisfied	Pleased	Delighted	Don't Know	Refused	
1	2	3	4	5	6	7	8	9	

15. How do you feel about:

- A. How safe you are on the streets in your neighborhood? 1 2 3 4 5 6 7 8 9
- B. How safe you are where you live? 1 2 3 4 5 6 7 8 9
- C. The protection you have against being robbed or attacked? 1 2 3 4 5 6 7 8 9

16. How do you feel about:

- A. Your health in general? 1 2 3 4 5 6 7 8 9
- B. Your physical condition? 1 2 3 4 5 6 7 8 9
- C. Your emotional well-being? 1 2 3 4 5 6 7 8 9

17. How do you feel about your life in general? 1 2 3 4 5 6 7 8 9

SELF ESTEEM

I'm going to read to you some statements on how you feel about yourself. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement.

(Show respondent list of statements (D) and card #dd))

- | | | | | | | | |
|--|----------------------|----------|-------|-------------------|------------|---------|--|
| | Strongly
Disagree | Disagree | Agree | Strongly
Agree | Don't know | Refused | |
| | 1 | 2 | 3 | 4 | 8 | 9 | |
- 1. I feel that I am a person of worth, at least on an equal basis with others. 1 2 3 4 8 9
 - 2. I feel that I have a number of good qualities. 1 2 3 4 8 9
 - 3. All in all, I am inclined to feel I am a failure. 1 2 3 4 8 9
 - 4. I am able to do things as well as most other people. 1 2 3 4 8 9
 - 5. I certainly feel useless at times. 1 2 3 4 8 9
 - 6. On the whole, I am satisfied with myself. 1 2 3 4 8 9
 - 7. I wish I could have more respect for myself. 1 2 3 4 8 9
 - 8. I take a positive attitude toward myself. 1 2 3 4 8 9
 - 9. At times I think I am no good at all. 1 2 3 4 8 9
 - 10. I feel I do not have much to be proud of. 1 2 3 4 8 9

RESPONDENT'S RATING OF LEVEL OF FUNCTIONING

Overall, how would you rate your functioning in home, social, and school settings at the present time?

Would you say your functioning in these areas is poor, fair, good, or excellent? 1 2 3 4 8 9

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 8 Don't know
- 9 Refused

CLINICAL

Interviewer: If respondent has not been hospitalized in the past six months, skip to the MEDICATIONS section.

1. In the past six months, how many times have you been hospitalized for a psychiatric problem?

_____ Don't know Refused
(Number of hospitalizations since baseline interview) 88 99

2. What was the admission date of your most recent hospitalization?

 / / Don't know Refused
mm dd yy 88/88/88 99/99/99

3. What was the discharge date of your most recent hospitalization?

 / / Don't know Refused
mm dd yy 88/88/88 99/99/99

Interviewer: If respondent is unable to provide hospitalization dates, ask the following:

3a. How long was your last hospitalization?

_____ Don't know Refused
(Number of **days**) 888 999

3b. In what month and year did it occur?

_____/_____
(Month/year of last hospitalization)

Don't know 88/88
Refused 99/99

3c. Do you recall when in the month (early, middle, late) you went into the hospital?

Early	Middle	Late	Don't Know	Refused
1	2	3	8	9

3d. Do you recall when in the month you left the hospital?

Early	Middle	Late	Don't Know	Refused
1	2	3	8	9

Interviewer: If no other hospitalizations in the past six months, skip to the MEDICATIONS section.

4. What was the admission date of your second most recent hospitalization?

____/____/____
mm dd yy

Don't know 88/88/88
Refused 99/99/99

5. What was the discharge date of your second most recent hospitalization?

____/____/____
mm dd yy

Don't know 88/88/88
Refused 99/99/99

Interviewer: If respondent is unable to provide hospitalization dates, ask the following:

5a. How long was your second most recent hospitalization?

(Number of **days**)

Don't know 888
Refused 999

5b. In what month and year did it occur?

_____/_____
(Month/year of second most recent hospitalization)

Don't know 88/88
Refused 99/99

5c. Do you recall when in the month (early, middle, late) you went into the hospital?

Early	Middle	Late	Don't Know	Refused
1	2	3	8	9

5d. Do you recall when in the month you left the hospital?

Early	Middle	Late	Don't Know	Refused
1	2	3	8	9

Interviewer: If no other hospitalizations in the past six months, skip to the MEDICATIONS section.

6. What was the admission date of your third most recent hospitalization?

____ / ____ / ____
mm dd yy

Don't know 88/88/88 Refused 99/99/99

7. What was the discharge date of your third most recent hospitalization?

____ / ____ / ____
mm dd yy

Don't know 88/88/88 Refused 99/99/99

Interviewer: If respondent is unable to provide hospitalization dates, ask the following:

7a. How long was your third most recent hospitalization?

(Number of days)

Don't know 888 Refused 999

7b. In what month and year did it occur?

____ / ____
(Month/year of third most recent hospitalization)

Don't know 88/88 Refused 99/99

7c. Do you recall when in the month (early, middle, late) you went into the hospital?

Early Middle Late Don't Know Refused
1 2 3 8 9

7d. Do you recall when in the month you left the hospital?

Early Middle Late Don't Know Refused
1 2 3 8 9

MEDICATIONS

1. Are you currently prescribed medication for emotional problems?

1 0 8 9

1 Yes 0 No 8 Don't Know 9 Refused

IF YES:

2. **MANDATORY PROMPT: I'd like to know how often you take your psychiatric medications. Remember, what you tell me is strictly between us. I can't report it to your psychiatrist, your case manager, your family, or anyone else. So I want you to be honest.**

How often do you take your medication *exactly* the way it's prescribed (e.g., all the time, half the time, never)?

When you take your medication, *how much* do you take (e.g., full prescribed dose, half the prescribed dose, a lit more than prescribed)?

Interviewer: Using above information, code the respondent's medication compliance. Keep in mind that 50% compliance could mean either taking 50% of the dose 100% of the time, or 100% of the dose 50% of the time. A respondent taking 50% of the dose 50% of the time is only 25% compliant. Make sure you are know exactly how the respondent is taking his or her medications and then give your best approximation for this item.

- | | | | | | | | |
|-----------------|-----------|---|---|---|---|---|---|
| 1 Rarely | (0-25%) | 1 | 2 | 3 | 4 | 8 | 9 |
| 2 Sometimes | (26-50%) | | | | | | |
| 3 Often | (51-75%) | | | | | | |
| 4 Almost always | (76-100%) | | | | | | |
| 8 Don't know | | | | | | | |
| 9 Refused | | | | | | | |

ALCOHOL AND DRUG USE

Now, I need to ask you a few questions about your alcohol and drug use. Remember, all your answers about alcohol and drug use are confidential. That means that I can't share them with anyone, no matter who asks or what the reason.

1. A. In the past 30 days, how many days have you used alcohol?

_____	Don't know	Refused
(# of days)	88	99

B. IF SO: In the past 30 days, how many days have you gotten high from alcohol or had 3 drinks or more in an hour or so?

_____	Don't know	Refused
(# of days)	88	99

2. A. In the past 30 days, how many days have you used drugs that were not prescribed for you, *other than over-the-counter medication*?

_____	Don't know	Refused
(# of days)	88	99

B. IF RESPONDENT INDICATES USE: I'm going to read a list of drugs to you, and I want you to tell me whether you've used each one in the past 30 days?

Interviewer: Read drug names, not category types. Only code yes if drug is *not prescribed for respondent*.

- 1 Yes 0 No 8 Don't know 9 Refused

Sedatives-hypnotics-anxiolytics

- | | | | | |
|--------------------------------------|---|---|---|---|
| * Quaaludes | 1 | 0 | 8 | 9 |
| * Seconal | 1 | 0 | 8 | 9 |
| * Valium | 1 | 0 | 8 | 9 |
| * Xanax | 1 | 0 | 8 | 9 |
| * Librium | 1 | 0 | 8 | 9 |
| * Miltown | 1 | 0 | 8 | 9 |
| * Lotus 8 | 1 | 0 | 8 | 9 |
| * Other Barbituates (e.g., Nembutal) | 1 | 0 | 8 | 9 |

* prescribable; only code yes if drug is not prescribed for respondent

Stimulants

Speed	1	0	8	9
Crystal Meth	1	0	8	9
* Dexadrine	1	0	8	9
* Ritalin	1	0	8	9
Other Amphetamines (e.g., Benzedrine)	1	0	8	9

Opiates

Heroin	1	0	8	9
* Morphine	1	0	8	9
Opium	1	0	8	9
* Methadone	1	0	8	9
* Darvon	1	0	8	9
* Codeine	1	0	8	9
* Percodan	1	0	8	9
* Demerol	1	0	8	9

Cannabis

Marijuana	1	0	8	9
Hashish	1	0	8	9

Cocaine

Intra-nasal cocaine	1	0	8	9
I.V. cocaine	1	0	8	9
Freebase	1	0	8	9
Crack	1	0	8	9

Hallucinogens

LSD				
Mescaline	1	0	8	9
Peyote	1	0	8	9
Psilocybin	1	0	8	9
STP	1	0	8	9
PCP (Angel Dust, Peace Pill)	1	0	8	9
Mushrooms	1	0	8	9

Other

* Steroids	1	0	8	9
Glue	1	0	8	9
Ethyl Chloride	1	0	8	9
Nitrous Oxide (Laughing Gas)	1	0	8	9
Amyl or Butyl Nitrate (Poppers)	1	0	8	9
Ecstasy	1	0	8	9
Special K	1	0	8	9
MDA	1	0	8	9
MDMA	1	0	8	9

* prescribable; only code yes if drug is not prescribed for respondent

3. A. In the past 30 days, how many days did you take over-the-counter medications in ways not recommended by the manufacturer/on the package?

_____	Don't know	Refused
(# of days)	88	99

B. IF SO: Which over-the-counter drugs did you use improperly in the past 30 days?

1 Yes 0 No 8 Don't know 9 Refused

Interviewer: Read following category types.

Non-prescription sleeping pills	1	0	8	9
Non-prescription diet pills	1	0	8	9
Non-prescription diuretics	1	0	8	9
Non-prescription cold medicine	1	0	8	9
Other (Specify _____)	1	0	8	9

Employment Intervention
Demonstration Program

Client Interview

Subject ID: _____

Date: _____

STRUCTURED CLINICAL INTERVIEW FOR THE POSITIVE AND NEGATIVE SYNDROME SCALE

(SCI-PANSS)

Pages 23-51 of the Common Protocol contain the Positive and Negative Syndrome Scale (PANSS). Due to program copyright agreements with Multi-Health Systems, Inc., we are unable to include or disseminate a complete copy of the PANSS. If you are interested in obtaining a copy of the instrument, contact:

Multi-Health Systems, Inc.
908 Niagara Falls Boulevard
North Tonawanda, NY 14120-2060
800-456-3003

SOCIAL SKILLS RATINGS
(completed at the end of the interview)

1. Overall Social Skill. Overall social skill is a general measure of the person's social competence. It includes both the verbal content of what is said, as well as the nonverbal and vocal stylistics (tone of voice, clarity). A person with good social skill is easy to understand, responds smoothly, and does not engage in disconcerting behavior or she seems comfortable in the situation, even if it is difficult.

Based on this interview, what is your rating of the subject's overall social skill?

1 2 3 4 5

1 **Very poor social skill:** Difficulty getting point across, requiring frequent prompts for clarification or additional information.

2 **Poor social skill:** Some difficulty getting point across due to factors such as vagueness, odd statements, lack of expressiveness.

3 **Fair social skill:** Neither very skilled nor very poor skills. Some skills may be good and others poor.

4 **Good social skill:** Relatively effective at expressing self, getting point across, etc. Not outstanding communication, but no conspicuous flaws.

5 **Very good social skill:** Very clear, expressive, convincing communication. Not only are points made clearly, but persuasively as well. Reserved for outstanding communication.

2. Nonverbal-Paralinguistic Skill. Nonverbal-paralinguistic skill (NPS) is an overall measure of the person's style or manner of communication, independent of the verbal content. The most prominent nonverbal and paralinguistic elements include gaze (or eye contact), body posture and orientation (facing interviewer), facial expression, voice tone (including loudness and affect), latency of response (long, uncomfortable pauses or frequent interruptions), and clarity of speech.

Based on this interview, what is your rating of the subject's NPS?

1 2 3 4 5

1 **Very poor NPS:** Prominent lack of eye contact, loudness, facial expressions, delayed latency of response, or body orientation. Client displays significant impairment in at least two of these channels of communication.

2 **Poor NPS:** Significant impairment in at least one channel of communication, or mild impairment across several channels. Nonverbal and paralinguistic expressiveness is muted, but not completely absent.

3 **Fair NPS:** NPS is neither conspicuously impaired nor highly expressive. Some skills may be good, while others are not.

4 **Good NPS:** Good NPS displayed across most channels of communication, with no noticeable problem areas. Voice tone and facial expression are clear, somewhat expressive, eye contact is good, body orientation and latency of response are appropriate.

5 **Very good NPS:** Not only are there no noticeable problem areas, but specific skills are outstanding in their clarity and expressiveness. NPS are significantly better than just "adequate". For example, good eye contact, high expressiveness in terms of voice tone and facial expression, and body orientation all result in very clear communication of feelings to the interviewer.

Employment Intervention
Demonstration Program

Client Interview

Subject ID: _____

Date: _____