Peer Outcomes Protocol Project

Peer Outcomes Protocol (POP): Response Cards

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No, not Spanish/Hispanic .............................................1
Yes, Mexican, Mexican-American, Chicano ..............2
Yes, Puerto Rican ..........................................................3
Yes, Cuban ..................................................................4
Yes, other Spanish/Hispanic (specify).......................5

Response Card 1

Demographics Module
Peer Outcomes Protocol
White .............................................................................. 1
Black or African American........................................... 2
American Indian/Native American............................ 3
Eskimo ........................................................................... 4
Aleut .............................................................................. 5
Asian or Pacific Islander (API)
  including East Indian .................................................. 6
    If Asian or API:
    Chinese ...................................................................... 7
    Japanese ...................................................................... 8
    Filipino ........................................................................ 9
    Asian Indian .............................................................. 10
    Hawaiian ................................................................. 11
    Samoan ...................................................................... 12
    Korean ........................................................................ 13
    Guamanian .............................................................. 14
    Vietnamese .............................................................. 15
    Other API (specify) .................................................... 16
Other race (specify) ..................................................... 17
Now married..........................................................1
Widowed....................................................................2
Divorced ....................................................................3
Separated ....................................................................4
Never married .........................................................5
No formal schooling................................................1
Up to 8th grade ......................................................2
Some high school.....................................................3
High school diploma/GED ....................................4
Some college or post-high school training ..........5
2-year Associate degree .......................................6
4-year college degree...........................................7
Post-college graduate training...............................8
<table>
<thead>
<tr>
<th>Income Type</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned income</td>
<td>1</td>
</tr>
<tr>
<td>Social Security Benefits (SSA)</td>
<td>2</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td>3</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>4</td>
</tr>
<tr>
<td>Armed Service connected disability payments</td>
<td>5</td>
</tr>
<tr>
<td>Other Social Welfare benefits – state or county</td>
<td>6</td>
</tr>
<tr>
<td>(TANF, AID to Families with Dependent Children)</td>
<td></td>
</tr>
<tr>
<td>Vocational program (Comprehensive Employment and Training Act (CETA),</td>
<td>7</td>
</tr>
<tr>
<td>Vocational Rehabilitation, sheltered workshop, Goodwill)</td>
<td></td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>8</td>
</tr>
<tr>
<td>Retirement, investment or savings income</td>
<td>9</td>
</tr>
<tr>
<td>Rent supplements (including HUD, section 8 certificates, living programs receiving public support)</td>
<td>10</td>
</tr>
<tr>
<td>Alimony or child support</td>
<td>11</td>
</tr>
<tr>
<td>Food stamps</td>
<td>12</td>
</tr>
<tr>
<td>Family and/or spouse contribution</td>
<td>13</td>
</tr>
<tr>
<td>Other source(s) [specify]</td>
<td>14</td>
</tr>
</tbody>
</table>

Response Card 5

Demographics Module
Peer Outcomes Protocol
Schizophrenia .............................................................1
Schizoaffective Disorder............................................2
Manic Depression, Bipolar, or Affective Disorder...3
Major Depression........................................................4
Anxiety Disorder  (such as Panic Disorder, Obsessive
Compulsive Disorder, etc.) .................................................5
Dissociative Disorder  (such as Multiple Personality,
Dissociative Amnesia, etc.) .................................................6
Personality Disorder...................................................7
Substance Abuse..............................................................8
Other [specify]___________________________________________9

Response Card 6
Service Use Module
Peer Outcomes Protocol
No side effects ..............................................................1
Mild side effects ..........................................................2
Moderate side effects .....................................................3
Severe side effects ........................................................4

Response Card 7
Service Use Module
Peer Outcomes Protocol
Almost every day .........................................................1
2 or more times a week .................................................2
About once a week .....................................................3
About once a month ....................................................4
A few times a year .....................................................5
<table>
<thead>
<tr>
<th>Community Services</th>
<th>At Peer Support Program</th>
<th>Outside of Peer Program</th>
<th>At Peer Program &amp; Elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Help Group, such as AA, NA, DMDA, a sexual abuse survivors group</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Medication management by a psychiatrist or doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Therapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Case Management</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Crisis Hotline</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Crisis Intervention Service</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Supervised or Supported Living Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drop-In Center</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Domestic Violence Shelter/Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Job Training or Vocational Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Partial or day hospitalization services</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Services for alcohol use or abuse problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Services for drug use or abuse problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Alternative therapy or treatment, such as body massage, herbs/homeopathic</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other, describe:</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Response Card 9**

*Service Use Module*

*Peer Outcomes Protocol*
Disagree ...............................................................1

Somewhat Disagree ........................................... 2

Somewhat Agree ................................................ 3

Agree ................................................................... 4
Apartment, condo, house, trailer.................1
Transitional living center or half-way house ....2
Group home/board and care ..........................3
Shelter ................................................................4
Hotel or Motel...............................................5
Street ................................................................6
Other [specify]_________________...................7
Parents ................................................................. 1
Spouse or partner .................................................. 2
Friends .................................................................. 3
Other peers ........................................................... 4
Minor children ....................................................... 5
Adult children ....................................................... 6
No one (lives alone) ............................................... 7
Other [specify] ________________________________ 8
People at this peer program ..............................1
Staff from another program ..............................2
Family ..................................................................3
Friends ..................................................................4
Spouse or Partner ..............................................5
Other [specify]_________________.................. 6

Response Card 14
Community Life Module
Peer Outcomes Protocol
Not at all ............................................................... 1
Once ..................................................................... 2
2-3 times .............................................................. 3
4-6 times .............................................................. 4
Once a day or more ............................................. 5
Not at all ............................................................... 1
Less than once a month .................................... 2
At least once a month ........................................ 3
At least once a week .......................................... 4
At least once a day ............................................. 5
Terrible .......................................................... 1
Unhappy .......................................................... 2
Mostly dissatisfied ............................................. 3
Mixed ............................................................. 4
Mostly satisfied .................................................. 5
Pleased ............................................................ 6
Delighted .......................................................... 7
Disagree ............................................................... 1
Somewhat Disagree ........................................... 2
Somewhat Agree ................................................ 3
Agree ............................................................... 4
Most of the time ....................................................... 1
Sometimes ............................................................. 2
Seldom or Rarely ...................................................... 3
Never ....................................................................... 4
No Opinion .................................................................. 5
All of the time.................................................................1
Most of the time............................................................2
Sometimes ................................................................. 3
Seldom........................................................................4
Never...........................................................................5
No Opinion .....................................................................6
<table>
<thead>
<tr>
<th>Grade</th>
<th>Count</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
</tr>
<tr>
<td>Very good</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>2</td>
</tr>
<tr>
<td>Poor</td>
<td>1</td>
</tr>
</tbody>
</table>
Yes, limited a lot .................................................. 1
Yes, limited a little .............................................. 2
No, not limited at all ........................................... 3
<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>5</td>
</tr>
<tr>
<td>A little bit</td>
<td>4</td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>2</td>
</tr>
<tr>
<td>Extremely</td>
<td>1</td>
</tr>
</tbody>
</table>
All of the time.................................................................6
Most of the time............................................................5
A good bit of the time.....................................................4
Some of the time...........................................................3
A little of the time ..........................................................2
None of the time ............................................................1
All of the time ........................................................... 5
Most of the time ....................................................... 4
Some of the time .................................................... 3
A little of the time .................................................. 2
None of the time ...................................................... 1
Disagree ...............................................................1
Somewhat Disagree ........................................... 2
Somewhat Agree ................................................ 3
Agree ............................................................... 4
Disagree ............................................................................ 1
Somewhat Disagree ........................................................... 2
Somewhat Agree ............................................................... 3
Agree .............................................................................. 4
Disagree ............................................................... 1
Somewhat Disagree ........................................... 2
Somewhat Agree ................................................ 3
Agree ................................................................... 4
Always ................................................................. 1
Most of the time .................................................. 2
Some of the time ................................................. 3
Rarely ................................................................... 4
Never .................................................................... 5