Employment Intervention
Demonstration Program

Client Interview

Subject ID: _____

Date: _____

Intervention   0 Control
Condition: _____ 1 Experimental 1
                  2 Experimental 2

CLIENT BASELINE 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 age 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 how much you agree and disagree with a statement. Other questions will ask you to give me some detailed information. I will write down your answers for each question so we can compare your answers to those given by other people participating in this study.

DEMOGRAPHICS

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

1. What is your birthdate?   88/88/88 Don't know 99/99/99 Refused   ___/___/___
                                                                                mm dd yy

2. What is your gender?   1   2   8   9

    1 Male   2 Female   8 Don't know   9 Refused

3. Which of the following groups best describes you?   1   2   3   4   5   6   8   9

    1 American Indian/Alaska Native
    2 Asian/Pacific Islander
    3 Black/African American
    4 Hispanic
    5 White (non-Hispanic)
    6 Other (Specify _____)
    8 Don't know
    9 Refused

4. What language do you speak most of the time?   1   2   3   4   5   8   9

    1 English only
    2 Spanish only
    3 Both English and Spanish
    4 Both English and other
    5 Other only (Specify _____)
    8 Don't know
    9 Refused

5. 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

1

8 Don't know
9 Refused

6.   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   6
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.

Supervised Non-Facility: Lives in a house, apartment or similar setting with other persons.   5
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.

Supervised Facility: Lives in a multi-bed, but non-institutional facility with other consumers.   4
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.)

Treatment Institutions: Lives in a facility staffed 24 hours/day with clinical treatment provided along   3
with substantial assistance with self-care. Is generally unable to leave without approval or escort.

Homeless: Lives in a shelter, mission, flophouse, or on the streets.   2

Correctional Facility: Lives in a jail or prison.   1

Don't Know/Refused   9

3.   How many children do you have?

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

Interviewer: For the next two questions, if the respondent lives in a group home, only count others as co-residents if they share a room.

4.   How many people currently live with you?

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

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

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

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) $ 1st job _____   8   9
**Interviewer: Fill in amount earned at respondent's
second job on this line, if applicable** $ 2nd job _____   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 $ _____   8   9
    (only if respondent receives regular payments)

K. Alimony and child support $ _____   8   9

L. Family (Specify _____) $ _____   8   9

4

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 $\underline{\hspace{3cm}}$ 8 9

N. Other sources (Specify _____) $\underline{\hspace{3cm}}$ 8 9

2.   A. What was your total **personal** income last month?
     Personal income means the total amount of money paid out to <u>respondent</u>
     <u>or respondent's payee</u> during the past month. $\underline{\hspace{3cm}}$ 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 <u>everyone</u>
     <u>in your home</u> received during the past month. $\underline{\hspace{3cm}}$ 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?

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Don't know   Refused
8   9

INTERVIEWER: IF RESPONDENT CURRENTLY RECEIVES SSI <u>OR</u> BOTH SSI AND SSDI, ASK QUESTIONS 1-7. IF THE RESPONDENT CURRENTLY RECEIVES SSDI <u>ONLY</u>, ASK QUESTIONS 8-14. IF RESPONDENT RECEIVES <u>NEITHER</u> 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	Not Sure	Agree	Don't Know	Refused
	1	2	3	8	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

PRIOR EMPLOYMENT HISTORY

Now I'd like to ask you some questions about your work history.

1. Have you ever held a paying job?   1   0   8   9

    1 Yes   0 No   8 Don't know   9 Refused

Interviewer: If the answer to #1 is "No", SKIP THIS SECTION

2. What is the <u>longest</u> job you've ever held. If you are currently working, this may be your present job.

    _____   **Don't Know *and* Refused = 999**   _____ ____ ____
           (Job title)   3-digit Census Code

3. When did you begin that job?   88/88/88 Don't Know   99/99/99 Refused   ___ / ___ / ___
                                                                                      mm dd   yy

4. If that job has ended, what date did it end? **Interviewer: If job has not ended, code today's date.**

                                        88/88/88 Don't Know   99/99/99 Refused   ___ / ___ / ___
                                                                                      mm dd   yy

    Interviewer: Convert dates to duration variables
    Total number of months at longest job: _____
                                                                                     (# of months)

5. What was your <u>most recent</u> job? **Interviewer: If currently employed, code job *prior* to current job.**

    _____   **Don't Know *and* Refused = 999**   ____ ____ ____
           (Job title)   3-digit Census Code

6. When did you begin that job?   88/88/88 Don't Know   99/99/99 Refused   ___ / ___ / ___
                                                                                      mm dd   yy

7a. When did that job end?   88/88/88 Don't Know   99/99/99 Refused   ___ / ___ / ___
                                                                                      mm dd   yy

    Interviewer: Convert dates to duration variables
    Total number of months at most recent job: _____

                                                                                     (# of months)

7b. On average, how many hours per week did you work at that job?   _____   88   99
                                88 Don't know   99 Refused   (# of hours)

7c. What was your hourly wage at that job? $____.____   88   99
                                88 Don't know   99 Refused   (Hourly wage)

8a. How many paid jobs have you held in the past 5 years?   _____   88   99
                                88 Don't know   99 Refused   (# jobs)

8b. In the past 5 years, how many months did you have a paying job?   _____   88   99
                                88 Don't know   99 Refused   (# of months)

PRIOR VOCATIONAL TRAINING

Next, I'd like to ask you some questions about any kind of vocational training you might have received in the past five years. Please think only about the past five years and tell me whether or not you remember participating in any of these kinds of programs. *Interviewer: Circle one choice from responses listed below for each item*.

1 Yes   0 No   8 Don't know   9 Refused

1. **Job skills training** is designed to teach you general job skills such as coming to work   1   0   8   9
on time and getting feedback from your boss. It also includes training in specific job skills
such as word processing or janitorial work. You might have received this kind of training
on a prevocational work crew doing unpaid work.

1a. IF YES, ASK: Altogether in the last five years, how long did you receive **job skills training**?
Circle one from choices below.

Less than 1 month	1 month to 1 year	More than 1 year	Don't know	Refused
1	2	3	8	9

2. **Sheltered work** is a job for which you were paid on a piece-rate basis (in other words,   1   0   8   9
you were paid for every piece you completed) and where you probably worked with other people
who had disabilities.

2a. IF YES, ASK: Altogether in the last five years, how long were you in **sheltered work**?
Circle one from choices below.

Less than 1 month	1 month to 1 year	More than 1 year	Don't know	Refused
1	2	3	8	9

3. **Work in the community** is a job that was found for you, where you made minimum wage   1   0   8   9
or above and might have had a job coach or person who worked alongside you or visited your
job site.

3a. IF YES, ASK: Altogether in the last five years, how long you did this kind of **work in the community**?
Circle one from choices below.

Less than 1 month	1 month to 1 year	More than 1 year	Don't know	Refused
1	2	3	8	9

4. **Job finding skills training** is a method of teaching you to find a job by searching the want ads,   1   0   8   9
preparing your resume, and learning how to act at a job interview.

4a. IF YES, ASK: Altogether in the last five years, how long did you receive **job finding training**?
Circle one from choices below.

Less than 1 month	1 month to 1 year	More than 1 year	Don't know	Refused
1	2	3	8	9

5. Finally, have you ever been a client of a state vocational rehabilitation agency? You might   1   0   8   9
know this agency as [fill in the name of your state agency].

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

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 <u>past 4 weeks</u>, have you had any of the following problems with your work
or other regular daily activities <u>as a result of your physical health</u>?

      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   1 0 8 9
      extra effort)

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

      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 <u>past 4 weeks</u>, 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 <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> 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 <u>each</u> of the following statements for you?

Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Refused
1	2	3	4	5	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.

Terrible	Unhappy	Mostly Dissatisfied	Mostly 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 <u>past week</u>. 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

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) $ _____ (round to nearest dollar)   Don't know   Refused
                                                                        888   999

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

Very reliable 4

Generally reliable 3

Generally unreliable 2

16

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.

Terrible	Unhappy	Mostly Dissatisfied	Mostly 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?　1　0　8　9

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

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

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

1.   In your lifetime, how many <u>times</u> have you been hospitalized for a psychiatric problem?

      _____   Don't know   Refused
      (Number of total lifetime hospitalizations)   88   99

2.   In your lifetime, how many <u>months</u> have you spent in the hospital for psychiatric treatment?

      _____   Don't know   Refused
           (Number of months)   88   99

3.   How old were you the first time you were hospitalized for a psychiatric problem?

      _____   Don't know   Refused
           (Age at first hospitalization)   88   99

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

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

5.   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 four questions. Otherwise, skip to the MEDICATIONS section.

5a.   How long was your last hospitalization?

		Don't know	Refused
(Number of **days**)		88	99

5b.   What month and year did it occur?

		Don't know	Refused
/		88/88	99/99
(Month/year of last hospitalization)			

5c.   Do you recall <u>when</u> 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 <u>when</u> 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

2.   **IF YES, 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 little 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

3. How many different psychiatric medications are you now taking?

_____   Don't know   Refused
(Number of prescribed medications)   8   9

4. What are the names of those medications? **(Interviewer: List medications and code numbers below.
   If respondent cannot recall the names of the medications, read the following list
   of medications.)**

	MEDICATION NAME	CODE #	Don't know	Refused
			88	99
a.	_____	#: _____		
b.	_____	#: _____		
c.	_____	#: _____		
d.	_____	#: _____		
e.	_____	#: _____		
f.	_____	#: _____		

Antipsychotics:

CODE #   MEDICATION NAME
01   Clozaril (Clozapine)
02   Permitil, Prolixin, Prolixin Decanoate (Fluphenazine)
03   Haldol, Haldol Decanoate (Haloperidol)
04   Thorazine (Chlorpromazine)
05   Loxitane (Loxapine)
06   Serentil (Mesoridazine)
07   Lidone, Moban (Molindone)
08   Etrafon, Trilafon (Perphenazine)
09   Mellaril (Thioridazine)
10   Navane (Thiothixene)
11   Stelazine (Trifluoperazine)
12   Risperdal (Risperidone)
13   Orap (Plmozide)

Mood Stabilizers:

CODE #   MEDICATION NAME
14   Eskalith, Lithane, Lithobid (Lithium)
15   Tegretol, Epitol (Carbamazepine)
16   Depakote, Depakene (Valproic Acid, Direlproex Sodium)

Antidepressants:

CODE #   MEDICATION NAME
17   Elavil, Endep (Amitriptyline)
18   Asendin (Amoxapine)
19   Anafranil (Clomipramine)
20   Norpramine, Pertofrane (Desipramine)
21   Adapin, Sinequan (Doxepin)
22   Prozac (Fluoxetine)
23   Zoloft (Sertraline)
24   Paxil (Paroxetine)
25   Serzone (Nefazodone)
26   Nardil (Phenelzine)
27   Tofranil, Janimine (Imipramine)
28   Marplan (Isocarboxazid)
29   Pamelor, Aventyl (Nortriptyline)
30   Wellbutrin (Bupropion)
31   Pamate (Tranylcypromine)
32   Desyrel (Trazodone)
33   Norpramine, Petrofrane (Desipramine)
34   Effexor (Venflaxamine)
35   Luvox (Fluvoxamine)

Anti-anxiety:

CODE #   MEDICATION NAME
36   Xanax (Alprazolam)
37   Librium, Libritabs (Chlordiazepoxide)
38   Tranxene (Clorazepate)
39   BuSpar (Buspirone)
40   Valium, Valrelease, T-Quil (Diazepam)
41   Ativan (Lorazepam)
42   Serax (Oxazepam)
43   Halcion (Triazolam)
44   Dalmane (Flurazepam)
45   Klonopin (Clonazepam)

Anti-Parkinsonians:

CODE #   MEDICATION NAME
46   Cogentin (Benztropine)
47   Artane (Trihexyphenidyl)
48   Alledryl, Benadryl, Dytyss (Diphenhydramine)
49   Symmetrel (Amantadine)
50   Bromocriptine

Client Interview

Subject ID: _____

Date: _____

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., Nebutal)	1	0	8	9

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

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

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

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). T
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
   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 ma
of communication, independent of the verbal content. The most prominent nonverbal and paralinguistic elements inclu
gaze (or eye contact), body posture and orientation (facing interviewer), facial expression, voice tone (including loudne
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.

Interviewer's name: _____

(please print)