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
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. 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. 8

   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

   Don't Know/Refused 9
Employment Intervention Client Interview

Subject ID: __________

Date: ______________

3. How many children do you have?

(Number of children)

Don’t know Refused

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?

(Number of co-residents)

Don’t know Refused

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

(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)

Interviewer: Fill in amount earned at respondent’s second job on this line, if applicable

$ 1st job $ 2nd job

B. Social Security Retirement Benefits (SSA)

$ __________________

C. Social Security Disability Income (SSDI)

$ __________________

D. Supplemental Security Income (SSI)

$ __________________

E. VA or other armed services disability benefits

$ __________________

F. VA or other armed services pension

$ __________________

G. Other Social Welfare benefits--state or county (general welfare/public aid, food stamps, Aid to Families with Dependent Children (AFDC))

$ __________________

H. Vocational program (JTPA, Vocational Rehabilitation, Goodwill)

$ __________________

I. Unemployment compensation

$ __________________

J. Retirement, investment, or savings income (only if respondent receives regular payments)

$ __________________

K. Alimony and child support

$ __________________

L. Family (Specify ____________________________)

$ __________________
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?
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:

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Don’t Know</th>
<th>Refused</th>
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(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 longest 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

   Interviewer: Convert dates to duration variables
   Total number of months at longest job:

4. If that job has ended, what date did it end? 88/88/88 Don’t Know 99/99/99 Refused

   Interviewer: Convert dates to duration variables
   Total number of months at longest job:

5. What was your most recent job? Interviewer: If currently employed, code job prior to current job.

   ____________________________  Don’t Know and Refused = 999
   (Job title) 3-digit Census Code


7a. When did that job end? 88/88/88 Don’t Know 99/99/99 Refused

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

7b. On average, how many hours per week did you work at that job? 88 99

   88 Don’t know 99 Refused

7c. What was your hourly wage at that job? $ ___.__ 88 99

   88 Don’t know 99 Refused

8a. How many paid jobs have you held in the past 5 years? 88 99

   88 Don’t know 99 Refused

8b. In the past 5 years, how many months did you have a paying job? 88 99

   88 Don’t know 99 Refused
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. **Job skills training** is designed to teach you general job skills such as coming to work 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, 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 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, 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 know this agency as [fill in the name of your state agency].
CURRENT LABOR FORCE STATUS AND WORK INTEREST

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).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Somewhat Agree</th>
<th>Mostly Agree</th>
<th>Strongly Agree</th>
<th>Don't know</th>
<th>Refused</th>
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</thead>
<tbody>
<tr>
<td>1. I want my work to provide me with opportunities for increasing my</td>
<td>1 2 3 4 8 9</td>
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<td>my knowledge and skill.</td>
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<td>2. I want other people to find out how good I really can be at my work.</td>
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<td>3. Working helps me cope with my mental illness.</td>
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<td>4. I have more dignity and self-respect when I’m working.</td>
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<td>5. Having a job helps me forget for a while that I have a mental illness.</td>
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<td>6. Sometimes I feel that I have to work because it is expected of me,</td>
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<td>and not because I really want to.</td>
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<td>7. I worry that people at work will be able to tell that I have emotional</td>
<td>1 2 3 4 8 9</td>
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<td>problems.</td>
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<td>8. I’m disappointed in the kinds of jobs I get.</td>
<td>1 2 3 4 8 9</td>
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<td>9. I feel that most jobs are pretty boring and routine.</td>
<td>1 2 3 4 8 9</td>
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<tr>
<td>10. Sometimes I feel like my friends or family are disappointed in the</td>
<td>1 2 3 4 8 9</td>
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<td>kinds of jobs I get.</td>
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</tbody>
</table>
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. 

12. Working makes me feel good about myself.

FUTURE WORK MOTIVATION ITEM

1. I see myself holding a paying job in the next year.

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 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
B. Accomplished less than you would like
C. Were limited in the kind of work or other activities
D. Had difficulty performing the work or other activities (for example, it took extra effort)

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
B. Accomplished less than you would like
C. Didn't do work or other activities as carefully as usual
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. 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. 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?

<table>
<thead>
<tr>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Don't Know</th>
<th>Mostly False</th>
<th>Definitely False</th>
<th>Refused</th>
</tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Mostly Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mostly Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
<th>Don't Know</th>
<th>Refused</th>
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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.

<table>
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<th>1 Yes</th>
<th>0 No</th>
<th>8 Don't know</th>
<th>9 Refused</th>
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</table>

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
Employment Intervention  Client Interview  Subject ID: __________
Demonstration Program  
Date: ______________

Now please look at the D-T Scale again.

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<tr>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mostly Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
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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.

<table>
<thead>
<tr>
<th>At least once a day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less than once a month</th>
<th>Not at all</th>
<th>No family</th>
<th>Don't know</th>
<th>Refused</th>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mostly Mixed</th>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>At least once a day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less than once a month</th>
<th>Not at all</th>
<th>No family</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mostly Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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) 888 888 999 999

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

Very reliable ...................................................... 4
Generally reliable .............................................3
Generally unreliable ........................................... 2
Demonstration Program

Employment Intervention Client Interview

Subject ID: 

Date: 

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 Terrible Mostly Unhappy Mostly Dissatisfied Mostly Mixed Mostly Satisfied Mostly Pleased Mostly Delighted Mostly Don't Know Mostly 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? 0 8 9

# of arrests: 

Don't know 88 Refused 99
Please look at the D-T Scale again.

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mostly Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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 times have you been hospitalized for a psychiatric problem?

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

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

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

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

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

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

   / / mm dd yy Don't know Refused

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

   / / mm dd yy Don't know Refused
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?

<table>
<thead>
<tr>
<th>(Number of days)</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88</td>
<td>99</td>
</tr>
</tbody>
</table>

5b. What month and year did it occur?

<table>
<thead>
<tr>
<th>(Month/year of last hospitalization)</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88/88</td>
<td>99/99</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>1 Rarely (0-25%)</th>
<th>2 Sometimes (26-50%)</th>
<th>3 Often (51-75%)</th>
<th>4 Almost always (76-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. How many different psychiatric medications are you now taking?

<table>
<thead>
<tr>
<th>(Number of prescribed medications)</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>CODE #</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>88</td>
<td>99</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Antipsychotics:**

<table>
<thead>
<tr>
<th>CODE #</th>
<th>MEDICATION NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Clozaril (Clozapine)</td>
</tr>
<tr>
<td>02</td>
<td>Permitil, Prolixin, Prolixin Decanoate (Fluphenazine)</td>
</tr>
<tr>
<td>03</td>
<td>Haldol, Haldol Decanoate (Haloperidol)</td>
</tr>
<tr>
<td>04</td>
<td>Thorazine (Chlorpromazine)</td>
</tr>
<tr>
<td>05</td>
<td>Loxitane (Loxapine)</td>
</tr>
<tr>
<td>06</td>
<td>Serentil (Mesoridazine)</td>
</tr>
<tr>
<td>07</td>
<td>Lidone, Moban (Molindone)</td>
</tr>
<tr>
<td>08</td>
<td>Etrafon, Trilafon (Perphenazine)</td>
</tr>
<tr>
<td>09</td>
<td>Mellarl (Thioridazine)</td>
</tr>
<tr>
<td>10</td>
<td>Navane (Thiothixene)</td>
</tr>
<tr>
<td>11</td>
<td>Stelazine (Trifluoperazine)</td>
</tr>
<tr>
<td>12</td>
<td>Risperdal (Risperidone)</td>
</tr>
<tr>
<td>13</td>
<td>Orap (Pimozide)</td>
</tr>
</tbody>
</table>

**Mood Stabilizers:**

<table>
<thead>
<tr>
<th>CODE #</th>
<th>MEDICATION NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Eskalith, Lithane, Lithobid (Lithium)</td>
</tr>
<tr>
<td>15</td>
<td>Tegretol, Epitol (Carbamazepine)</td>
</tr>
<tr>
<td>16</td>
<td>Depakote, Depakene (Valproic Acid, Direlproex Sodium)</td>
</tr>
</tbody>
</table>
Antidepressants:

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

Anti-anxiety:

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

Anti-Parkinsonians:

<table>
<thead>
<tr>
<th>CODE #</th>
<th>MEDICATION NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Cogentin (Benztropine)</td>
</tr>
<tr>
<td>47</td>
<td>Artane (Trihexyphenidyl)</td>
</tr>
<tr>
<td>48</td>
<td>Alledryl, Benadryl, Dytys (Diphenhydramine)</td>
</tr>
<tr>
<td>49</td>
<td>Symmetrel (Amantadine)</td>
</tr>
<tr>
<td>50</td>
<td>Bromocriptine</td>
</tr>
</tbody>
</table>
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?

   ____________
   (# of days)    Don’t know  Refused
   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?

   ____________
   (# of days)    Don’t know  Refused
   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?

   ____________
   (# of days)    Don’t know  Refused
   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 1 0 8 9
- 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?

<table>
<thead>
<tr>
<th>(# of days)</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88</td>
<td>99</td>
</tr>
</tbody>
</table>

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
- Non-prescription diet pills
- Non-prescription diuretics
- Non-prescription cold medicine
- Other (Specify __________)
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?*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor social skill: Difficulty getting point across, requiring frequent prompts for clarification or additional information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor social skill: Some difficulty getting point across due to factors such as vagueness, odd statements, lack of expressiveness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair social skill: Neither very skilled nor very poor skills. Some skills may be good and others poor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good social skill: Relatively effective at expressing self, getting point across, etc. Not outstanding communication, but no conspicuous flaws.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good social skill: Very clear, expressive, convincing communication. Not only are points made clearly, but persuasively as well. Reserved for outstanding communication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?*

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<tr>
<td>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.</td>
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<td>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.</td>
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<td>Fair NPS: NPS is neither conspicuously impaired nor highly expressive. Some skills may be good, while others are not.</td>
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<td>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.</td>
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<td>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 &quot;adequate&quot;. 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.</td>
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Interviewer's name: ________________________
(please print)