CHIS 2011 Adult Mental Health Content
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Section F – Mental Health

K6 Mental Health Assessment

QA11_F1 The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

AJ29

ALL........................................................................... 1
MOST ....................................................................... 2
SOME................................................................... 3
A LITTLE ............................................................... 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA11_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

AJ30

ALL........................................................................... 1
MOST ....................................................................... 2
SOME................................................................... 3
A LITTLE ............................................................... 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA11_F3 During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL........................................................................... 1
MOST ....................................................................... 2
SOME................................................................... 3
A LITTLE ............................................................... 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA11_F4  How often did you feel so depressed that nothing could cheer you up?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL ........................................................................... 1
MOST ....................................................................... 2
SOME ....................................................................... 3
A LITTLE ................................................................. 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8

QA11_F5  During the past 30 days, about how often did you feel that everything was an effort?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL ........................................................................... 1
MOST ....................................................................... 2
SOME ....................................................................... 3
A LITTLE ................................................................. 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8

QA11_F6  During the past 30 days, about how often did you feel worthless?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL ........................................................................... 1
MOST ....................................................................... 2
SOME ....................................................................... 3
A LITTLE ................................................................. 4
NONE ....................................................................... 5
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8

Repeated K6

QA11_F7  Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

[AF62]

YES ........................................................................... 1
NO ............................................................................ 2
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8
The next questions are about the one month in the past 12 months when you were at your worst emotionally.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1</td>
</tr>
<tr>
<td>Most</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A Little</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
</tr>
</tbody>
</table>

During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
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</table>

How often did you feel restless or fidgety?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, little of the time, or none of the time?”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>All</td>
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<td>Some</td>
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<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
</tr>
</tbody>
</table>
**QA11_F11** How often did you feel so depressed that nothing could cheer you up?

*AF66*

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1</td>
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<tr>
<td>Most</td>
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<td>Some</td>
<td>3</td>
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<tr>
<td>A little</td>
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<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA11_F12** How often did you feel that everything was an effort?

*AF67*

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1</td>
</tr>
<tr>
<td>Most</td>
<td>2</td>
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<tr>
<td>Some</td>
<td>3</td>
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<td>A little</td>
<td>4</td>
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<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA11_F13** How often did you feel worthless?

*AF68*

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1</td>
</tr>
<tr>
<td>Most</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>
### Sheehan Scale

**ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:**

**PROGRAMMING NOTE QA11_F14intro:**
- IF (QA11_F1 + QA11_F2 + QA11_F3 + QA11_F4 + QA11_F5 + QA11_F6 > 8) OR
- (QA11_F8 + QA11_F9 + QA11_F10 + QA11_F11 + QA11_F12 + QA11_F13 > 8) OR
- (IF QA11_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
- (IF QA11_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH QA11_F14intro;
- IF QA11_F7 = 1 THEN DISPLAY “again, please”;
- ELSE SKIP TO QA11_F19

**QA11_F14intro**  
Think (again, please) about the month in the past 12 months when you were at your worst emotionally.

**PROGRAMMING NOTE QA11_F14:**
- IF AGE > 70 GO TO QA11_F15;
- ELSE CONTINUE WITH QA11_F14

**QA11_F14**  
Did your emotions interfere a lot, some, or not at all with your performance at work?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</td>
</tr>
<tr>
<td>DOES NOT WORK</td>
<td>4</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA11_F15**  
Did your emotions interfere a lot, some, or not at all with your household chores?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA11_F16**  
Did your emotions interfere a lot, some, or not at all with your social life?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA11_F17 Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

AF72

A LOT ....................................................................... 1
SOME........................................................................ 2
NOT AT ALL............................................................. 3
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

QA11_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

AF73

[IF NEEDED, SAY: “You can use any number between 0 and 365 to answer.”]

_________NUMBER OF DAYS

REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

Access & Utilization
QA11_F19 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

AF81

YES .......................................................................... 1
NO ............................................................................ 2
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

QA11_F20 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

YES .......................................................................... 1
NO ............................................................................ 2
DON'T HAVE INSURANCE ..................................... 3
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

QA11_F21 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF74

YES .......................................................................... 1
NO ............................................................................ 2
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8
**QA11_F22**  In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

**AF75**

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON’T KNOW ...................................................... -8

**PROGRAMMING NOTE QA11_F23:**
IF QA11_F21 = 1 OR QA11_F22 = 1 THEN CONTINUE WITH QA11_F23;
ELSE SKIP TO QA11_F28

**QA11_F23**  Did you seek help for your mental or emotional health or for an alcohol or drug problem?

**AF76**

MENTAL-EMOTIONAL HEALTH ............................. 1
ALCOHOL-DRUG PROBLEM .................................. 2
BOTH MENTAL & ALCOHOL-DRUG ...................... 3
REFUSED .......................................................... -7
DON’T KNOW ...................................................... -8

**PROGRAMMING NOTE QA11_F24:**
IF QA11_F23 = 1, DISPLAY: “mental or emotional health”;
IF QA11_F23 = 2, DISPLAY: “use of alcohol or drugs”;
IF QA11_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;  ELSE SKIP TO QA11_F25

**QA11_F24**  In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?  Do not count overnight hospital stays.

**AF77**

NUMBER OF VISITS

REFUSED .......................................................... -7
DON’T KNOW ...................................................... -8

**QA11_F25**  Are you still receiving treatment for these problems from one or more of these providers?

**AF78**

YES ................................................................. 1 [GO TO QA11_F28]
NO ................................................................. 2 [GO TO QA11_F28]
REFUSED .......................................................... -7 [GO TO QA11_F28]
DON’T KNOW ...................................................... -8 [GO TO QA11_F28]

**QA11_F26**  Did you complete the recommended full course of treatment?

**AF79**

YES ................................................................. 1 [GO TO QA11_F28]
NO ................................................................. 2 [GO TO QA11_F28]
REFUSED .......................................................... -7 [GO TO QA11_F28]
DON’T KNOW ...................................................... -8 [GO TO QA11_F28]
**What is the MAIN REASON you are no longer receiving treatment?**

**GOT BETTER/NO LONGER NEEDED ................... 1**
**NOT GETTING BETTER ........................................ 2**
**WANTED TO HANDLE PROBLEM ON OWN .......... 3**
**HAD BAD EXPERIENCES WITH TREATMENT ....... 4**
**LACK OF TIME/TRANSPORTATION ................... 5**
**TOO EXPENSIVE ................................................ 6**
**INSURANCE DOES NOT COVER .......................... 7**
**OTHER (SPECIFY:________) ............................. 8**
**REFUSED ............................................................ -7**
**DON’T KNOW ..................................................... -8**

**During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?**

**YES .......................................................................... 1**
**NO ............................................................................ 2**
**REFUSED ............................................................... -7**
**DON’T KNOW ......................................................... -8**

**Stigma**

<table>
<thead>
<tr>
<th>PROGRAMING NOTE QA11_F29:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF QA11_F19 = 1 AND (QA11_F21 ≠ 1 AND QA11_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH QA11_F29; ELSE SKIP TO QA11_G1</td>
</tr>
</tbody>
</table>

**Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.**

**You were concerned about the cost of treatment.**

**YES ................................................................. 1**
**NO ................................................................. 2**
**REFUSED ......................................................... -7**
**DON’T KNOW ...................................................... -8**

**You did not feel comfortable talking with a professional about your personal problems.**

**YES ................................................................. 1**
**NO ................................................................. 2**
**REFUSED ......................................................... -7**
**DON’T KNOW ...................................................... -8**

**You were concerned about what would happen if someone found out you had a problem.**

**YES ................................................................. 1**
**NO ................................................................. 2**
**REFUSED ......................................................... -7**
**DON’T KNOW ...................................................... -8**
You had a hard time getting an appointment.

YES .......................................................... 1
NO ............................................................ 2
REFUSED .................................................. -7
DON'T KNOW .......................................... -8

Did you ever serve on active duty in the Armed Forces of the United States?

YES .......................................................... 1
NO ............................................................ 2
REFUSED .................................................. -7
DON'T KNOW .......................................... -8

When did you serve?

FROM ______ TO ______

[CHECK ALL THAT APPLY]

World War II (Sept 1940 to July 1947) ...................... 1
Korean War (June 1950 to Jan 1955) ......................... 2
Vietnam War (Aug 1964 to April 1975) .................... 3
Gulf War/Operation Desert .................................. 4
Afghanistan/Operation Enduring ......................... 5
Iraq War/Operation Iraqi Freedom (2001 to present) 6
REFUSED .................................................. -7
DON'T KNOW .......................................... -8

Altogether, how long did you serve?

_____ YEARS

_____ MONTHS

REFUSED .................................................. -7
DON'T KNOW .......................................... -8
Section S – Suicide Ideation and Attempts

Suicide Ideation and Attempts

QA11_S1  The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

[AF86]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8

QA11_S2  Have you seriously thought about committing suicide at any time in the past 12 months?

[AF87]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8

QA11_S3  Have you seriously thought about committing suicide at any time in the past 2 months?

[AF91]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8

QA11_S4  Have you ever attempted suicide?

[AF88]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ............................................... -8
PROGRAMMING NOTE QA11_S5:
IF QA11_S2 = (2, -7, -8) AND QA11_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA11_S3 = (2, -7, -8) AND QA11_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA11_S3 = 1 AND QA11_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA11_S5

QA11_S5  Have you attempted suicide at any time in the past 12 months?

AF89

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8

SUICIDE RESOURCE:

We have a number you can call if you’d like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

POST-NOTE FOR SUICIDE RESOURCE:

IF QA11_S2 = (2, -7, -8) AND QA11_S4 = (2, -7, -8) THEN SKIP TO PN QA11_N1 (NEXT SECTION); ELSE CONTINUE

QA11_S6  Would you like to discuss your thoughts with this person?

AF90

YES ................................................................. 1  [GO TO SUICIDE PROTOCOL]
NO ................................................................. 2  [GO TO PN QA11_N1]
REFUSED ....................................................... -7  [GO TO PN QA11_N1]
DON'T KNOW .................................................. -8  [GO TO PN QA11_N1]