

**FAMILY RESOURCES INTERVIEW*
 INTAKE FORM**

***Note:** This interview was assembled by Robin Clark, Ph.D. with the help of many others including Deborah Franks, Ph.D., Robert Drake, MD, Ph.D., Greg Teague, Ph.D., and Susan Ricketts, B.S.

INTERVIEW IDENTIFICATION

CP.1 DATE OF INTERVIEW:

CP.1	/	/
Family interview date		

CP.2 FAMILY INTERVIEW TIME PERIOD:

CP.2	0	1	2	3	4	5	6
Family time period							

- | | |
|-----------------------|-----------------------|
| 0. Intake Interview | 4. 24 month interview |
| 1. 6 month interview | 5. 30 month interview |
| 2. 12 month interview | 6. 36 month interview |
| 3. 18 month interview | |

CP.3 RELIABILITY INTERVIEW?

CP.3	1	2
Yes No		

CP.4 INTERVIEWER:

CP.4	1	2	3	4	5	6	7	8	9
Interviewer									

- | | | |
|---|---|---|
| 1 | 4 | 7 |
| 2 | 5 | 8 |
| 3 | 6 | 9 |

CP.5 CORRESPONDING CLIENT INTERVIEW TIME PERIOD:

CP.5	0	1	2	3	4	5	6
Corresp. client period							

- | | |
|-----------------------|-----------------------|
| 0. Intake Interview | 4. 24 month interview |
| 1. 6 month interview | 5. 30 month interview |
| 2. 12 month interview | 6. 36 month interview |
| 3. 18 month interview | |

CP.6 RESPONDENT'S NAME: _____

CP.7 RELATIONSHIP TO CLIENT:

CP.7	1	2	3	4	5	6	7	8	9
Respondent's relationship									

- | | |
|-------------------------|----------------------|
| 1. Mother/Stepmother | 6. Grandparent |
| 2. Father/Stepfather | 7. Child (of Client) |
| 3. Spouse/Common-law | 8. Other Relative: |
| 4. Sibling/Step-sibling | _____ |
| 5. Aunt/Uncle | 9. Other: |
| | _____ |

CP.8 RESPONDENT'S GENDER:

CP.8	1	2
Male Female		

CP.9 RESPONDENT IS (#) PERSON TO BE INTERVIEWED:

CP.9	1	2	3
1st 2nd 3rd			

CP.10 COORDINATED INTERVIEW?
(Always code no on Intake)

CP.10	1	2
Yes No		

CP.11 CLIENT'S NAME: _____

CP.12 CLIENT'S RELATIONSHIP TO RESPONDENT: _____

Section A : Patient Information

Hello, this is _____. As you know, we set up this appointment to ask you some questions about (NAME) and the help (he/she) gets from you and (other) family members. Your answers to these questions will be kept confidential and used only for our research. We will not share the information you give us with (NAME) or with anyone at the mental health center.

Do you have the packet of information we sent you in the mail?

(If no, allow the respondent time to get the packet.)

Please read the Informed Consent carefully, sign at the bottom and mail it back to us in the stamped envelope. We will make a photocopy of it and mail it back to you. Are there any questions about the Consent Form that I can answer for you now?

Also in the packet are some sheets of paper stapled together. These are the response cards. I will let you know during the interview when we need to refer to them.

Now we can begin the interview. Some of the questions may not apply to (NAME) and some may sound repetitive, but I need to ask every question.

A.1 Does (NAME) live in your home?

A.1	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If YES, skip to A.6

A.2 Does (NAME) live with another family member?

A.2	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to A.5

A.3 What is (his/her) name? _____

A.4 What is (his/her) relationship to (NAME)?

A.4	1	2	3	4	5	6	7	8	9
	Lives with/relationship								

-7=dk/ref -8=NA -9=missing

- | | |
|-------------------------|----------------------|
| 1. Mother/Stepmother | 6. Grandparent |
| 2. Father/Stepfather | 7. Child (of Client) |
| 3. Spouse/Common-law | 8. Other Relative: |
| 4. Sibling/Step-sibling | _____ |
| 5. Aunt/Uncle | 9. Both parents |

If client lives with respondent, skip to A.6

A.5 In the past six months, have you had any contact with (NAME) either in-person or on the phone?
(After interview is completed, code YES if client lives with respondent)

A.5	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

A.6 In the past six months, have you given (NAME) any spending money or helped (him/her) pay bills, rent or other living expenses?

A.6	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

A.7 Who in the family, including yourself, provides the most care or has the most contact with (NAME)?

Name of family member: _____

(INTERVIEWER: If answer is the respondent, code relationship same as CP. 7 unless "other" and skip to A.9)

A.8 What is (his/her) relationship to (NAME)?

A.8	1	2	3	4	5	6	7	8	9	10
	Most care/relationship									

-7=dk/ref -8=NA -9=missing

- | | |
|-------------------------|----------------------|
| 1. Mother/Stepmother | 6. Grandparent |
| 2. Father/Stepfather | 7. Child (of Client) |
| 3. Spouse/Common-law | 8. Other Relative: |
| 4. Sibling/Step-sibling | _____ |
| 5. Aunt/Uncle | 9. Both parents |
| | 10. Other: |
| | _____ |

I'd like you to look at the stapled sheets of paper. The first sheet of paper says "Response Card #1". This response card will help you answer the next few questions.

A.9 During the past month, how often have you seen (NAME) in person or spoken to (him/her) by phone? This would be from (/ /) to (/ /).

A.9	1	2	3	4	5
Frequency/past month					

-7=dk/ref -8=NA -9=missing

everyday	3 or more days a week	at least once a week	less than once/week	not at all
1	2	3	4	5

A.10 How often did you see (NAME) in person or speak to (him/her) on the phone during the month before? That would be from (/ /) to (/ /).

A.10	1	2	3	4	5
Frequency/month before					

-7=dk/ref -8=NA -9=missing

everyday	3 or more days a week	at least once a week	less than once/week	not at all
1	2	3	4	5

A.11 How often did you see (NAME) in person or speak to (him/her) on the phone during the month before that? That would be from (/ /) to (/ /).

A.11	1	2	3	4	5
Frequency/2 mos before					

-7=dk/ref -8=NA -9=missing

everyday	3 or more days a week	at least once a week	less than once/week	not at all
1	2	3	4	5

Now I'd like to ask you a few questions about yourself.

A.12 Are you currently:

A.12	1	2	3	4	5	6
Marital status						

-7=dk/ref -8=NA -9=missing

- | | |
|------------------------|------------------|
| 1. Married | 4. Separated |
| 2. Living with partner | 5. Divorced |
| 3. Widowed | 6. Never Married |

(INTERVIEWER: Ask A.13 only if MARRIED or living with partner, otherwise skip to A.14)

A.13 Is your (husband/wife/partner) currently working outside the home:

(If spouse is a homemaker, code 3)

A.13	1	2	3	4
Spouse working				

-7=dk/ref -8=NA -9=missing

1. Full time
2. Part time
3. Not working at all
4. Retired

A.14 Are you currently working outside the home:

(If respondent is a homemaker, code 3)

A.14	1	2	3	4
Respondent working				

-7=dk/ref -8=NA -9=missing

1. Full time
2. Part time
3. Not working at all
4. Retired

A.15 What is the highest grade of school or year of college you have completed?
(Editing note: code the number of years.)

A.15	
Highest school grade	
-7=dk/ref -8=NA -9=missing	

No schooling	00
Elementary/Grammar school	01 02 03 04 05 06 07 08
High School	09 10 11 12
College/Technical School	13 14 15 16
Graduate/Professional	17+

A.16 Are you currently enrolled in school or college?

A.16	1	2
	Yes	No
-7=dk/ref -8=NA -9=missing		

Section B: Family Description

B.1 I am going to ask you to list the first names of each member of (NAME's) immediate family, including those who no longer live at home. Immediate family of (NAME) would include (his/her) parents, step-parents, brothers and sisters, step-brothers and step-sisters, (his wife/her husband, including common-law) and (his/her) children.
(Record grandparents, grandchildren, nieces/nephews, cousins, aunts/uncles, other relatives or non-relatives if they live with the respondent, but we will not count as immediate family.)

FIRST NAME	√	BIRTHDATE mm/dd/yy	AGE	RELATIONSHIP (to client)	LIVES W/ YOU? (with respondent)
1. Respondent/interviewee	---	/ /	_____	_____	Yes
2. _____	---	/ /	_____	_____	Yes No
3. _____	---	/ /	_____	_____	Yes No
4. _____	---	/ /	_____	_____	Yes No
5. _____	---	/ /	_____	_____	Yes No
6. _____	---	/ /	_____	_____	Yes No
7. _____	---	/ /	_____	_____	Yes No
8. _____	---	/ /	_____	_____	Yes No
9. _____	---	/ /	_____	_____	Yes No
10. _____	---	/ /	_____	_____	Yes No
11. _____	---	/ /	_____	_____	Yes No
12. _____	---	/ /	_____	_____	Yes No
13. _____	---	/ /	_____	_____	Yes No
14. _____	---	/ /	_____	_____	Yes No
15. _____	---	/ /	_____	_____	Yes No

(Use back of sheet for additional family members)

B.2 I'm now going to read through the list of family members and I am going to ask you who has had contact with (NAME) either in-person or on the phone at least once in the past six months? That would be from (/ /) to (/ /).

INTERVIEWER: Read through the list of names again and place a check mark next to the names of the immediate family members who have had contact. Record total number here.)

B.2	
# Who Had Contact	
-7=dk/ref -8=NA -9=missing	

B.3 How many people live in your household?
(Include the respondent, client and any non-relatives in the total, if applicable)

B.3	
# Household	
-7=dk/ref -8=NA -9=missing	

Skip to B.6

FAMILY COMPOSITION CODING:
(Code after interview is completed)

Editor only:

B.4 AGE OF RESPONDENT (in years)

B.4	
Age in years	
-7=dk/ref -8=NA -9=missing	

B.5 TOTAL NUMBER IN CLIENT'S IMMEDIATE FAMILY
(Count up total number of immediate family members according to instructions in B.1. DO NOT include grandparents, grandchildren, aunts, uncles, cousins, in-laws or non-relatives)

B.5	
# Family members	
-7=dk/ref -8=NA -9=missing	

B.6 Does (NAME) have any chronic physical problems that require medication or other treatment on a regular basis?
(Include physical problems that require treatment at least once a month, or require a special diet)

B.6	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to Section C

INTERVIEWER: Ask the following questions about each physical problem:

B.7 What kind of chronic physical problems does (he/she) have?
 B.8 What kind of medication or treatment does (he/she) need for that?
(If diabetes, heart disease, high blood pressure, etc., probe for special diet)

PHYSICAL PROBLEM	MEDICATION/TREATMENT/DIET
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

PHYSICAL PROBLEM CODING:
(Code after interview is completed)

Editor only:

B.9 TOTAL NUMBER OF PHYSICAL PROBLEMS
(Count up the number of chronic physical problems listed above. DO NOT COUNT acute conditions such as colds, flu, etc.)

B.9	
	# Physical problems

-7=dk/ref -8=NA -9=missing

Section D: Family Finances

D.1 Does (NAME) contribute money to pay for your household expenses?
 (For example, pay a portion of the rent or utilities or chip in for groceries.)

D.1	1	2
Yes		No

-7=dk/ref -8=NA -9=missing

If NO, skip to D.5 (next page)

D.2 How much did (he/she) contribute during the past month?
 That would be from (/ /) to (/ /).

D.2	
\$\$ Contributed/month	

-7=dk/ref -8=NA -9=missing

D.3 How much does this compare to a typical month?

D.3	1	2	3
Compare/typical month			

-7=dk/ref -8=NA -9=missing

Less	About the same	More
1	2	3

If SAME, skip to D.5 (next page)

D.4 How much does (he/she) contribute in a typical month?

D.4	
Typical \$\$ contributed	

-7=dk/ref -8=NA -9=missing

INTERVIEWER: If client lives with the respondent or any family member, skip to D.6.

D.5 During the past month, how many nights has (NAME) spent at your home and/or the home of another family member?

D.5	
Nights at home/month	
-7=dk/ref -8=NA -9=missing	

If 6 or fewer nights, skip to D.9 (next page)

(NOTE: D.6-D.8 are used to calculate the value of the housing that the respondent and/or family member provides for the client, only if the client lives with them or has spent 7 or more nights in their home. If the client lives with the respondent, these figures are used as a direct measure of the value of housing. If the client lives with a family member other than the respondent, then these figures are used as an approximate value for that other family member's housing)

Since (NAME) has spent (#) nights at (your home/ a family member's home), we consider that providing housing for (NAME). I would like to ask you a few questions about your housing expenses so that we can attach a dollar value to the housing (you/they) provide.

D.6 During the past month, how much money did (you/your family) spend on housing? This would include rent or mortgage payments and property taxes.

D.6	
\$\$ Housing/month	
-7=dk/ref -8=NA -9=missing	

\$\$ SPENT ON HOUSING _____

D.7 During the past month, how much did (you/your family) spend on utilities? This would include electric, gas & oil or water bills.

D.7	
\$\$ Utilities/month	
-7=dk/ref -8=NA -9=missing	

\$\$ SPENT ON UTILITIES _____

D.8 During the past month, how much did (you/your family) spend on food? This includes all the food & meals eaten at home but it does NOT include meals eaten away from home.

D.8	
\$\$ Food/month	
-7=dk/ref -8=NA -9=missing	

\$\$ SPENT ON FOOD _____

D.9 I'd like you to look at the sheet of paper that says "Family Income".

Please tell me the letter beside the category that is closest to your total yearly family income. Your total family income is the combined income of the family members who live with you, but DO NOT include (NAME's) income.
 (OPTIONAL: "You do not have to give me the dollar amount, just the letter of the category.")

D.9	1	2	3	4	5
	6	7	8	9	10
Total family income/year					

-7=dk/ref -8=NA -9=missing

(Do not include payments that the respondent receives for (NAME). These should be reported as the client's income in Section C on the previous page)

A	B	C	D	E	F	G	H	I	J
1	2	3	4	5	6	7	8	9	10

If respondent asks why we need to know this information, say:

We want to be fair to everyone. Families with different incomes have more or less to give, so this is our way of comparing families fairly.

Section E: Family Expenses

(INTERVIEWER: If the respondent or a family member manages the client's money, probe for those expenses that are out-of-pocket for the respondent and other family members. If expenses (rent, clothes, etc.) are paid out by the respondent, but the money comes out of the client's checks, do not count those expenses)

("OR" means "AND/OR", so probe for total family time & money contributions.)

I'd like to ask you some questions about the **past month**.
 This would be from (/ /) to (/ /).

- E.1a In the past month, have you or family members paid for any public transportation for (NAME)?
 For example, did you give (him/her) money for bus or cab fare, train ticket or a plane ticket.
(DO NOT include rides in respondent's car)

E.1a	1	2
	Yes	No
-7=dk/ref -8=NA -9=missing		

If NO, skip to E.2a

- E.1b How much was spent in the past month?
 \$\$ spent _____

E.1b	
Public transp \$\$/month	
-7=dk/ref -8=NA -9=missing	

- E.2a In the past month, did you or other family members buy any clothing for (NAME)?

E.2a	1	2
	Yes	No
-7=dk/ref -8=NA -9=missing		

If NO, skip to E.3a

- E.2b How much was spent in the past month?
 \$\$ spent _____

E.2b	
Clothing \$\$/month	
-7=dk/ref -8=NA -9=missing	

- E.3a In the past month, did you or other family members pay for any medication for (NAME)?

E.3a	1	2
	Yes	No
-7=dk/ref -8=NA -9=missing		

If NO, skip to E.4a

- E.3b How much was spent in the past month?
 \$\$ spent _____

E.3b	
Medication \$\$/month	
-7=dk/ref -8=NA -9=missing	

E.4a In the past month, did you or other family members pay for any medical or dental care for (NAME)?

E.4a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.5a

E.4b How much was spent in the past month?

E.4b	
	Med & Dental \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.5a In the past month, did you or other family members pay for any mental health care for (NAME)?

E.5a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.6a

E.5b How much was spent in the past month?

E.5b	
	Mental health \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.6a In the past month, did you or other family members pay any rent for (NAME)?

E.6a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

(Code NO if client lives with caregiver or family member, unless they had to pay back rent from client's former residence.)

If NO, skip to E.7a

E.6b How much was spent in the past month?

E.6b	
	Rent \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.7a In the past month, did you or other family members pay any utility bills for (NAME)?
For example, (his/her) electric, gas & oil or water bills.
(Code NO if client lives with caregiver or family member, unless they had to pay back utilities from client's former residence.)

E.7a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.8a

E.7b How much was spent in the past month?

\$\$ spent _____

E.7b	
	Utilities \$\$/month

-7=dk/ref -8=NA -9=missing

E.8a In the past month, did you or other family members pay any telephone bills for (NAME) or pay for any long-distance phone calls made by (NAME)?
(Code NO if client lives with caregiver or family member unless they paid for client's long-distance phone bills.)

E.8a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.9a

E.8b How much was spent in the past month?

\$\$ spent _____

E.8b	
	Phone \$\$/month

-7=dk/ref -8=NA -9=missing

E.9a In the past month, did you or other family members pay any fines or costs of damage to another person's property as a result of (NAME's) actions?

E.9a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.10a

E.9b How much was spent in the past month?

\$\$ spent _____

E.9b	
	Other damage \$\$/month

-7=dk/ref -8=NA -9=missing

E.10a In the past month, did you or other family members pay any costs of damage to your own property as a result of (NAME's) actions?

E.10a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.11a

E.10b How much was spent in the past month?

E.10b	
	Own damage \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.11a In the past month, did you or other family members pay for any leisure or social activities for (NAME)?

E.11a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

For example, did you give (him/her) money for admission to the movies, eating out, books or magazines?

(Count only the cost of the client's meal, movie ticket, etc.)

If NO, skip to E.12a

E.11b How much was spent in the past month?

E.11b	
	Leisure \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.12a In the past month, did you or other family members give (NAME) any other spending money or pocket money?

E.12a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

(Include cigarette money and gas money here.)

If NO, skip to E.13a

E.12b How much was (he/she) given in spending or pocket money in the past month?

E.12b	
	Pocket \$\$/month

-7=dk/ref -8=NA -9=missing

\$\$ spent _____

E.13a During the past month, was (NAME) covered under your health insurance policy or a health insurance policy that you or other family members purchased for (him/her)?
 (Do not include Medicare or Medicaid payments)

E.13a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.14a

E.13b How much more did you or other family members pay (per month) for this coverage than (you/they) would have if (NAME) were not included on the policy?

E.13b	
	Extra insurance \$/month

-7=dk/ref -8=NA -9=missing

EXTRA \$\$ PER MONTH _____

E.14a During the past month, did you or any other family members participate in a family group, psychiatric treatment or any other mental health counseling related to (NAME's) illness?
 (Probe for: ACT or MICA Team Family Group, Al Anon, etc.)

E.14a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.15e

E.14b *INTERVIEWER: Code YES here, if respondent attends an ACT or MICA Team Family Group.*

E.14b	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

E.14c How many sessions did (you/they) attend in the past month?

E.14c	
	# Sessions/month

-7=dk/ref -8=NA -9=missing

E.14d How much did (you/they pay) for these services in the past month?
 (Record the total amount paid)

E.14d	
	Sessions \$\$/month

-7=dk/ref -8=NA -9=missing

E.14e Are you or any other members of the family a member of AMI, the Alliance for the Mentally Ill?
 (This is a support group for families that emphasizes education about mental illness)

E.14e	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

E.15a In the past month, did you or other family members pay any other expenses for (NAME)?
 (Record specific expenses below, then ask E.15b)

E.15a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.17a

E.15b How much was spent on (specify expense) in the past month?

	TYPE OF EXPENSE	\$\$ AMOUNT PER MONTH
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

OTHER EXPENSES CODING:

Editor only:

E.16 TOTAL \$\$ AMOUNT SPENT ON OTHER EXPENSES
 (Add up \$\$ amounts for other expenses and enter total spent per month here.)

E.16	_____
	Total other \$\$/month

-7=dk/ref -8=NA -9=missing

Now I'd like to ask you some questions about the past two weeks.
 This would be from (/ /) to (/ /).

E.17a In the past two weeks, did you or other family members drive (NAME) anywhere; allow (him/her) to borrow a car for (his/her) own use; or drive anywhere on behalf of (NAME), for example, to visit (him/her) in the hospital or attend a counseling session for (him/her)?

E.17a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.18a

E.17b How many total miles, in the past two weeks, did you or another family member drive (NAME) somewhere, allow (him/her) to drive your car or drive on behalf of him/her?
(Include those trips the family would not take if it weren't for the client's presence. Count mileage per trip, do not multiply by the number of family members in the vehicle. We count the trip mileage only.)

E.17b	
	Total miles/2 weeks

-7=dk/ref -8=NA -9=missing

of MILES _____

E.18a In the past two weeks, have you or other family members provided meals at home for (NAME)?

E.18a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to E.19a

E.18b How many meals did (you/they) provide in the past two weeks?

E.18b	
	# Meals/2 weeks

-7=dk/ref -8=NA -9=missing

of MEALS _____

E.19a In the past two weeks, have you or family members spent any money on extra food for (NAME), such as buying (him/her) a bag of groceries?

E.19a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to Section F

E.19b How much money was spent on extra food for (NAME) in the past two weeks?

E.19b	
	\$\$ extra food/2 weeks

-7=dk/ref -8=NA -9=missing

\$\$ ON EXTRA FOOD _____

Section F: Time Contributions

I am now going to ask you about the time you've spent caring for (NAME) in the past two weeks. Some of the questions are going to sound repetitive, but it is important that I ask all of them. When answering these questions, please think about the two weeks between (/ /) and (/ /).

("OR" means "AND/OR", so probe for total family time.)

- F.1 In the past two weeks, how much time did you or other family members spend providing transportation for (NAME) in your own car or personal vehicle or driving on behalf of him?
(EXCEPTION: Count # of hours per trip, do not multiply by number of family members in the vehicle. We count the driver's time only.)

F.1	hours
Transportation/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

- F.2 In the past two weeks, how much time did you or other family members spend talking with the police, fire department, lawyers or court officials about (NAME) or on behalf of (NAME)?

F.2	hours
Law & legal/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

- F.3 In the past two weeks, how much time did you or other family members spend providing general caregiving to (NAME)? This would include cleaning up for (NAME), doing laundry for (him/her), preparing meals for (him/her) or helping (him/her) with getting dressed & so forth.
(If caregiver does cleaning & cooking for the entire household, divide the total hours by the number of people in the household.)

F.3	hours
General care/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.4 In the past two weeks, how much time did you or other family members spend providing leisure or social activities for (NAME)? This would include taking (him/her) to a movie, sporting event or party; playing a game together or helping with (his/her) hobbies.
(Count only those structured leisure or social activities engaged in for the client's benefit. Shopping as a social activity does count.)

F.4	hours
Leisure/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.5 In the past two weeks, how much time did you or other family members spend helping (NAME) with (his/her) shopping? This would include shopping for groceries and clothes.
(If caregiver does grocery shopping for the entire household, divide the total hours by the number of people in the household.)

F.5	hours
Shopping/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.6 In the past two weeks, how much time did you or other family members spend providing care to (NAME) that is related to (his/her) mental illness? This would include dealing with a crisis, making appointments for (him/her), attending meetings at the mental health center & so on.
(Include regularly scheduled meetings, such as AMI or family group. Probe for total number of family members who attended and multiply accordingly.)

F.6	hours
Illness care/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.7 In the past two weeks, how much time did you or other family members spend talking with mental health workers on the phone or in-person on behalf of (NAME)?
(Do not include regularly scheduled meetings here, but probe for home visits)

F.7	hours
MH workers/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.8 In the past two weeks, how much time did you or other family members spend making phone calls for (NAME) or talking with (NAME) on the phone?
(Phone calls to mental health workers or legal/law personnel should not be counted here)

F.8	hours
Phone calls/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.9 In the past two weeks, how much time did you or other family members spend managing (NAME's) money for (him/her) or helping (him/her) manage (his/her) money?

F.9	hours
Manage money/2 weeks	
-7=dk/ref -8=NA -9=missing	

of HOURS _____

F.10 In the past two weeks, were there any other activities or tasks that you did for (NAME) or helped (him/her) with?

F.10	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.11

OTHER ACTIVITY	# OF HOURS/PAST 2 WEEKS
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

INTERVIEWER: After the interview is completed, check to see if the hours designated in these "other" activities (F.10a-d) should be added together with relevant time categories in the previous list of activities (F.1 to F.9).

OTHER ACTIVITIES CODING:

Editor only:

F.11 TOTAL NUMBER OF HOURS FOR OTHER ACTIVITIES
 (Add up remaining hours for other activities and enter total number of hours here.)

F.11	Hours
	Other activities/2 weeks

-7=dk/ref -8=NA -9=missing

F.12a During the past two weeks, were there times when you or another family member felt that (NAME) could not safely be left at home alone? (NOTE: This includes personal safety, e.g., harming self, not taking medications properly, as well as threat of victimization by others.)

F.12a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.13a

F.12b How many days did this happen during the past two weeks?
(NOTE: Code number of days, not number of times)

F.12b	Days
# not safe alone/2 weeks	

-7=dk/ref -8=NA -9=missing

OF DAYS _____

F.13a During the past two weeks, were you or other family members prevented from engaging in any activities such as shopping, visiting friends, going to the movies & so forth, because (NAME) could not be left alone?

F.13a	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.14a

F.13b How many days did this happen during the past two weeks?
(NOTE: Code number of days, not number of times)

F.13b	Days
# Prevented/2 weeks	

-7=dk/ref -8=NA -9=missing

OF DAYS _____

F.14 During the past two weeks, were there any other activities or caregiving tasks that you've provided for (NAME) that we have not asked about?

F.14	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

F.15 Are there any other expenses related to (NAME's) care or treatment that we have not asked about?

F.15	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.17

INTERVIEWER: Record any activities or expenses below & ask the following questions:

1. Please describe the activity or expense.
2. How many hours did you spend on (specify activity) in the past two weeks?
 OR,
 How much money did you spend on (specify expense) in the past two weeks?

ACTIVITY or EXPENSE	# OF HOURS or \$\$/PAST 2 WEEKS
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

OTHER EXPENSES/ACTIVITIES CODING:

INTERVIEWER: After the interview is completed, check to see if the hours or expenses designated in these "other" activities (F.15 a-d) should be added together with relevant categories in the previous list of activities (F.1-F.13)

Editor only:

F.16a TOTAL NUMBER OF HOURS FOR OTHER ACTIVITIES
(Add up total hours for other activities and enter here)

F.16a	hours
# Hours other/2 weeks	
-7=dk/ref -8=NA -9=missing	

F.16b TOTAL EXPENSES FOR OTHER ACTIVITIES
(Add up total dollar amounts for other expenses and enter here)

F.16b	
Total \$\$ other/2 weeks	
-7=dk/ref -8=NA -9=missing	

(INTERVIEWER: ASK F 17 - F.22, even in a partial interview.)

I'm now going to ask you a few questions about **the past month**.
 That would be from (/ /) to (/ /).

If respondent is retired or not working, skip to F.20

F.17 In the past month, did you lose any paid time from work because you were doing something for (NAME)?

F.17	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.20

F.18 How many hours did you lose in the past month?

F.18	
	# Hours lost/month

-7=dk/ref -8=NA -9=missing

F.19 What is your hourly wage?

F.19	
	Hourly wage

-7=dk/ref -8=NA -9=missing

F.20 In the past month, did any (other) family members lose paid time from work because they were doing something for (NAME)?

F.20	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to F.21

INTERVIEWER: If YES, ask the following questions and record in the table below:

1. Please tell me the first name of the family member who lost paid time from work.
2. How many hours did they lose?
3. What is their hourly wage?

	FAMILY MEMBER'S NAME	# OF HOURS LOST	HOURLY WAGE
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

F.21 Have you or any other family members ever been prevented from pursuing a career or advancing in a job because of caring for (NAME)?

F.21	1	2
	Yes	No

-7=dk/ref -8=NA -9=missing

If NO, skip to Section G

F.22 Please describe the situation for me.

LOST FAMILY WAGES CODING:

Editor only:

F.23a TOTAL OTHER FAMILY HOURS LOST (PAST MONTH)
(Total up the number of hours missed in F.20 a-d)

F.23a	
	Family hours lost/month

-7=dk/ref -8=NA -9=missing

F.23b TOTAL OTHER FAMILY WAGES LOST (PAST MONTH)
Step 1: For each family member in F.20 a-d, calculate
*(# hours) * (hourly wage) = individual lost wages.*
Step 2: Add up all the individual lost wages= total \$\$ lost wages.

F.23b	
	Family wages lost/month

-7=dk/ref -8=NA -9=missing

Family Income Card

	Weekly	Monthly	Yearly
A	0 to \$96	0 to \$417	0 to \$5,000
B	\$97 to \$192	\$418 to \$833	\$5,001 to \$10,000
C	\$193 to \$288	\$834 to \$1,250	\$10,001 to \$15,000
D	\$289 to \$385	\$1,251 to \$1,667	\$15,001 to \$20,000
E	\$386 to \$577	\$1,668 to \$2,500	\$20,001 to \$30,000
F	\$578 to \$769	\$2,501 to \$3,333	\$30,001 to \$40,000
G	\$770 to \$962	\$3,334 to \$4,167	\$40,001 to \$50,000
H	\$963 to \$1,154	\$4,168 to to \$5,000	\$50,001 to \$60,000
I	\$1,155 to \$1,346	\$5,001 to \$5,833	\$60,001 to \$70,000
J	Over \$1,346	Over \$5,833	Over \$70,000