



A health study for oil spill clean-up workers and volunteers

OMB# 0925-0626

EXP. XX/2017

Biomedical Clinic Exam

Mental Health Referral Questionnaire

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[PROGRAMMER NOTE: PLACE <<clinic name>> NAME AND <<visit date>> IN THE TOP RIBBON, SO IT IS PRESENT THROUGHOUT THE SURVEY. CONTACT TO BE INITIATED WITH PARTICIPANT ONE MONTH AFTER EXAM DATE.]

Hi, this is <<Interviewer>>. I am calling on behalf of the GuLF STUDY. The reason I am calling is to follow-up on a referral that we provided to you during your study visit on <<visit date>>. The clinic we referred you to was <<clinic name>>. I would like to ask you a few questions about your experiences with the referral.

1. Do you have a few minutes to answer some questions?
 YES 1
 NO 2 [SCHEDULE CALL BACK]

2. Have you called the clinic to make an appointment?
 YES 1 [GO TO Q 3]
 NO 2
 REFUSED 9 [GO TO END]

2a. May I ask why you have not called to make an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- PLAN TO CALL SOON
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE CALLING
- I DO NOT NEED HELP
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

3. When you called the clinic, were you able to schedule an appointment?
 YES 1 [GO TO Q 4]
 NO 2
 REFUSED 9 [GO TO END]

3a. Why weren't you able to schedule an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- NOT ELIGIBLE FOR SERVICES
- INSURANCE NOT ACCEPTED
- COULD NOT AFFORD CO-PAY / VISIT COSTS
- NO APPOINTMENTS AVAILABLE
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

3b. Did the clinic give you another referral?

- YES..... 1
- NO..... 2 [GO TO END]
- REFUSED 9 [GO TO END]

3c. Have you called that clinic to make an appointment?

- YES..... 1 [GO TO Q3e]
- NO..... 2
- REFUSED 9 [GO TO END]

3d. May I ask why you have not called to make an appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- PLAN TO CALL SOON
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE CALLING
- I DO NOT NEED HELP
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

3e. When you called that clinic, were you able to schedule an appointment?

- YES..... 1 [GO TO Q4]
- NO.....2
- REFUSED9 [GO TO END]

3f. Why weren't you able to schedule an appointment at that clinic?

INTERVIEWER: CHECK ALL THAT APPLY

- NOT ELIGIBLE FOR SERVICES
- INSURANCE NOT ACCEPTED
- COULD NOT AFFORD CO-PAY / VISIT COSTS
- NO APPOINTMENTS AVAILABLE
- OTHER, SPECIFY [FREE TEXT FIELD]
- REFUSED

[GO TO END]

4. Did you attend your scheduled appointment?

- YES 1 [GO TO END]
- NO2 [GO TO 4a]
- SCHEDULED IN THE FUTURE.....3 [GO TO END]
- DON'T KNOW8
- REFUSED9 [GO TO END]

4a. Why did you not attend your appointment?

INTERVIEWER: CHECK ALL THAT APPLY

- TOO BUSY
- DECIDED TO GO TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- WENT TO ANOTHER CLINIC/CARE PROVIDER/COUNSELOR
- TRANSPORTATION ISSUE
- EMBARRASSED / NERVOUS / UNCOMFORTABLE
- I DO NOT NEED HELP
- OTHER [FREE TEXT FIELD]

[GO TO END]

END: Those are all the questions I had for you. Do you have any questions for me? [PAUSE FOR RESPONSE.] If you have any further questions, please feel free to call our study hotline at 1-855-644-4853 or email us at info@nihgulfstudy.gov.

5. DID THE PARTICIPANT REQUEST ANOTHER REFERRAL?

YES 1 [GO TO 5a]

NO 2 [SUBMIT]

5a. WHAT TYPE OF REFERRAL WAS REQUESTED?

MENTAL HEALTH..... 1

PHYSICAL HEALTH..... 2

BOTH 3

[SUBMIT]