

CMHEI - Social Support - F2

(Please print using BLOCK letters and numbers inside boxes)

SR (F2)
CM
pg. 1/4

46063

ID:

Date (mm/dd/yy): / /

Person Completing Form:

Indicate Period: Baseline Follow-up 3
 Follow-up 1 Follow-up 4
 Follow-up 2

HAND CONSUMER ANSWER KEY CARD. I'm going to read you some statements about your relationships with others. For each, could you please tell me whether you strongly disagree, disagree, agree, or strongly agree. FILL THE APPROPRIATE CIRCLE.

	strongly agree	agree	disagree	strongly disagree	N/A
1. If something went wrong, no one would help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have family and friends who help me feel safe, secure and happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is someone I trust whom I could turn to for advice if I were having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is no one I feel comfortable talking about problems with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I lack a feeling of intimacy with another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are people I can count on in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I provide support to my friends and/ or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have a lot of serious disagreements and arguments with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, I'm going to ask you some questions about the people you are close to.

9. Are there any people with whom you feel at ease and can talk to about personal issues? Yes
 No
 No answer

If no or no answer, then skip to question 13

10. Among these people, how many are:

family members (including spouse)

friends

spiritual leader

care providers

boyfriend, girlfriend or partner

other (specify):

11. How many of these people have also received mental health treatment?

12. During the past month, how often have you been in contact with close friends?

- Not at all Once or twice Once a week Several times a week No answer

13. During the past month, how often have you been in contact with anyone in your family (include spouses/ partners)?

- Not at all Once or twice Once a week Several times a week No answer

14. Do you have a family member involved in a family self help initiative?

- Yes No No answer

Shade circles like this:
Not like this:

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CMHEI - Empowerment Scale - F2

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**HAND CONSUMER ANSWER KEY CARD.
FILL THE APPROPRIATE CIRCLE.**

	strongly agree	agree	disagree	strongly disagree	N/A
1. I am usually confident about the decisions I make.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Most of the misfortunes in my life were due to bad luck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People working together can have an effect on their community.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Making waves never gets you anywhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I make plans, I am almost certain to make them work.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Usually, I feel alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Experts are in the best position to decide what people should do or learn.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I generally accomplish what I set out to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People should try to live their lives the way they want to.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. You can't fight the government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel powerless most of the time.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I am unsure about something, I usually go along with the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People have a right to make their own decisions, even if they are bad ones.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. At times, I think that I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel that I'm a person of worth, at least on an equal basis with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CMHEI - Quality of Life Scale - F2

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Now I am going to ask you a series of questions about different areas of your life and your satisfaction with them. **HAND CONSUMER ANSWER KEY CARD.** This is called the "Delighted-Terrible Scale". For each item, please tell me which point on the scale best describes how you feel. **FILL THE APPROPRIATE CIRCLE.**

	terrible	unhappy	mostly dissatisfied	mixed	mostly satisfied	pleased	delighted	N/A
1. How do you feel about your life as a whole?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. How you feel about how safe you are on the streets in your neighbourhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How do you feel about how safe you are where you live?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. How do you feel about the protection you have against being robbed or attacked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How do you feel about the living arrangements where you live?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. How do you feel about the privacy that you have there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How do you feel about the idea of staying where you live for a long time?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. How do you feel about the way that you spend your spare time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How do you feel about the chance you have to enjoy pleasant or beautiful things?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. How do you feel about the amount of fun you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How do you feel about the amount of relaxation in your life?	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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CMHEI - Symptom Distress - F2

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HAND CONSUMER ANSWER KEY CARD. I am going to ask you some questions about how much you were distressed or bothered by some things during the PAST 7 DAYS. I'd like you to tell me which of the answers on the card best describes how you feel. **FILL THE APPROPRIATE CIRCLE.**

During the PAST 7 DAYS about how much were you distressed or bothered by:

	not at all	a little bit	moderately	quite a bit	extremely	N/A
1. Nervousness or shakiness inside?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Being suddenly scared for no reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feeling fearful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tense or keyed up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Spells of terror or panic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling so restless you couldn't sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heavy feelings in your arms or legs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feeling afraid to go out of your home alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Feelings of worthlessness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Feeling lonely even when you are with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feeling weak in parts of your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Feeling blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Feeling lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling no interest in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Feeling afraid in open spaces or on the streets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Not like this:



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