

HALT-C Trial

Life Events Status Interview

Form # 45 Version B: 08/20/2001 (Rev. 05/14/2002)

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here -> []
A2. Patient initials:
A3. Visit number:
A4. Visit Date: MM / DD / YYYY
A5. Initials of person completing form: Signature required.

Note: Information on this form should be collected by patient interview.

SECTION B: LIFE EVENTS STATUS

SECTION B IS TO BE COMPLETED AT W00, M12, M24, M36, M48, M54, W72, AND FOR EXPRESS PATIENTS AT R00.

Now, I'd like to ask you some questions about yourself.

B1. What is your current marital status? Are you currently ...

- married,1
living as married.....2
separated.....3
divorced4
widowed.....5
single, never married?6

B2. How many people live in your household, including yourself? _____

B3. What type of housing are you currently living in? Are you living in ...

- a private house or apartment1
a nursing or convalescent home (rest home),2
a retirement home,.....3
a boarding house (rooming house or rented room),4
a mental health facility, or5
another health facility?6
OTHER.....7 SPECIFY: _____

B4. Over the past 12 months, which situation would describe you the best? Have you been ...

- working full time (35 or more hours per week),..... 1 **(B6)**
- working part time (less than 35 hours per week), 2 **(B6)**
- retired, 3 **(B6)**
- keeping house/homemaker,..... 4 **(B6)**
- going to school full time, or 5 **(B6)**
- unemployed? 6 **(B5)**
- OTHER 7 SPECIFY:_____ **(B6)**

B5. Have you been ...

- looking for work,..... 1
- not looking for work, or..... 2
- unable to work because of illness or disability? 3

B6. During the past 12 months, has your work situation changed because of reasons related to your health?

- YES1
- NO2

B7. Now, I'll ask you some questions about your health insurance. Do you have ...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Medicaid?	1	2	3
b. Medicare?	1	2	3
c. an HMO?.....	1	2	3
d. private insurance other than an HMO? ..	1	2	3
e. some other kind of health insurance?	1	2	3 SPECIFY:_____

Patient ID: _____ - _____ - _____

SECTION C: BASELINE DEMOGRAPHICS INTERVIEW

SECTION C IS TO BE COMPLETED ONLY AT THE BASELINE VISIT (W00) FOR LEAD-IN PHASE PATIENTS AND AT THE RANDOMIZATION VISIT (R00) FOR EXPRESS PATIENTS.

C1. What is the highest grade or year of school that you have completed? (CIRCLE ONE ANSWER)

- LESS THAN HIGH SCHOOL 1
- SOME HIGH SCHOOL 2
- COMPLETED HIGH SCHOOL 3
- GED 4
- VOCATIONAL OR TECHNICAL SCHOOL ... 5
- SOME COLLEGE 6
- COMPLETED COLLEGE 7
- SOME GRADUATE SCHOOL 8
- GRADUATE/PROFESSIONAL DEGREE 9

Signature of HALT-C staff completing Sections B and C:

Signature