PRIMARY SUPPORT PERSON- COMPLETED

TABLE OF CONTENTS

Table of Contents

TABLE OF CONTENTS 2

BEEHIVE REGISTRATION 3

BEEHIVE REGISTRATION ITEMS 3

EPI-CAL PSP ENROLLMENT QUESTIONS ("Getting Started") 5

Baseline Questions ("Demographics and Lifetime Questions") 5

EPI-CAL PSP LIFE QUESTIONS ("MY LIFE") 7

PSP: Demographics and Background ("Demographics and Background") 7

PSP SCORE 15 ("Family") 9

BURDEN ASSESSMENT SCALE ("Family Impact") 13

EPI-CAL PSP EXPERIENCES QUESTIONS 16

PSP: Legal Involvement and Related ("Legal Involvement and Related") 16

PSP MODIFIED COLORADO SYMPTOM INDEX (MCSI) ("Personal Experiences Inventory") 16

MEDICATIONS 18

ADHERENCE ESTIMATOR® 18

GASS (MODIFIED) 19

STRESSFUL LIFE EVENTS ..... Error! Bookmark not defined.

STRESSFUL LIFE EVENTS ..... Error! Bookmark not defined.

RESPONSES TO STRESSFUL LIFE EVENTS ..... Error! Bookmark not defined.

BEEHIVE REGISTRATION

BEEHIVE REGISTRATION ITEMS

1. What is your date of birth?
_____(Month) _____(Year)

2. What was your biological sex assigned at birth?
Select one.

- ○ Female
- ○ Male
- ○ Intersex
- ○ Prefer not to say

3. How do you identify your gender?
Select one.

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Transgender male (female at birth)
- ○ Transgender female (male at birth)
- ○ Genderqueer
- ○ Questioning or unsure of gender identity
- ○ Prefer not to say
- ○ Other (specify:_____)

4. What is your race? (check any that apply)

- ☐ African/African American/Black
  - o African American
  - o African (specify)
  - o Other African/Black (specify)
- ☐ American Indian/Alaskan Native
  - o American Indian (specify)
- ☐ Asian
  - o Asian Indian/South Asian
  - o Cambodian
  - o Chinese
  - o Filipino
  - o Hmong

- Japanese
- Korean
- Laotian
- Mien
- Vietnamese
- Other Asian (specify)

☐ Hispanic/Latinx

☐ Pacific Islander

- Native Hawaiian
- Samoan
- Other Pacific Islander (specify)

☐ White

- Chaldean
- Eastern European
- European
- Iraqi
- Middle Eastern
- Other White (specify)

☐ Other (specify)

☐ Prefer not to say

☐ Unsure/Don't know

5. Do you identify as Hispanic/Latinx? (ethnicity)

Select any that apply.

☐ Yes - Caribbean
☐ Yes - Central American
☐ Yes - Cuban
☐ Yes - Dominican
☐ Yes - Mexican/Mexican-American/Chicanx
☐ Yes - Puerto Rican
☐ Yes - Salvadoran
☐ Yes - South American
☐ Yes - Other Hispanic/Latinx (specify)
☐ No – I do not identify as Hispanic/Latinx
○ Prefer not to say
○ Unsure/Don't know

EPI-CAL PSP ENROLLMENT QUESTIONS ("Getting Started")

Baseline Questions ("Demographics and Lifetime Questions")

1. What is your preferred language?
Check all that apply

- ☐ English
- ☐ Spanish/Spanish Creole
- ☐ African Languages
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ Other Chinese Dialects
- ☐ Farsi
- ☐ French/French Creole
- ☐ Hebrew
- ☐ Hmong
- ☐ Ilocano
- ☐ Indic (e.g. Hindi, Urdu, Sindhi)
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Mandarin
- ☐ Mien
- ☐ Other Indo-European
- ☐ Polish
- ☐ Portuguese/Portuguese Creole
- ☐ Russian
- ☐ Samoan
- ☐ Tagalog
- ☐ Thai
- ☐ Turkish
- ☐ Vietnamese
- ☐ Yiddish
- ☐ American Sign Language (ASL)
- ☐ Other Sign Language

Other (Please Specify)

2. What is your relationship to [client name]?

- ○ Mother (Biological or Adoptive)
- ○ Father (Biological or Adoptive)
- ○ Step-Mother
- ○ Step-Father
- ○ Spouse/Partner
- ○ Sibling
- ○ Grandparent
- ○ Aunt or Uncle
- ○ Cousin

- ○ Friend
- ○ Other (please specify)

3. Have you been a primary caregiver of [client name] since childhood, OR did you live with [client name] during their childhood?

- ○ Yes
- ○ No

4. Prior to turning five, did [client name] and their family experience any of the following? (Check all that apply)

- ☐ Needed food but couldn't afford to buy it or couldn't afford to go out to get it
- ☐ Were without telephone service because you could not afford it
- ☐ Didn't pay the full amount of the rent or mortgage because you could not afford it
- ☐ Were evicted from your home for not paying the rent or mortgage
- ☐ Had services turned off by the gas or electric company, or the oil company wouldn't deliver oil because payments were not made
- ☐ Had someone who needed to see a doctor or go to the hospital but didn't go because you could not afford it
- ☐ Had someone who needed a dentist but couldn't go because you could not afford it
- ☐ None of the above
- ☐ Prefer not to say

☐ Unsure/Don't know

5. Has [client name], ever in their life, experienced any of the following? (select all that apply)

- ☐ Interactions with the police in the community or at school
- ☐ Street stop or stop-and-frisk
- ☐ Police were called on them to respond to a domestic dispute or mental health crisis
- ☐ Been part of a community-based diversion program (e.g. Sacramento Area Congregations Together, San Diego Organizing Project, Resilience Orange County, Youth Justice Coalition)
- ☐ Been part of "voluntary" or "informal" probation (i.e. pre-probation, probation lite)
- ☐ Spent at least one night in any kind of juvenile detention center ("juvie")
- ☐ Spent at least one night in any kind of prison or jail
- ☐ Not counting minor traffic violations, been arrested and booked for breaking the law (being "booked" means that they were taken into custody and processed by the police or by someone connected with the courts, even if they were then released)
- ☐ Been on probation
- ☐ Been on parole, supervised release, or other conditional release from prison
- ☐ Been convicted of a misdemeanor or DUI
- ☐ Been convicted of a felony
- ☐ None of the above
- ☐ Unsure/Don't know
- ☐ Prefer not to Say

EPI-CAL PSP LIFE QUESTIONS ("MY LIFE")

PSP: Demographics and Background ("Demographics and Background")

These next questions ask about your background and demographics. Please select the best response for each question.

1. What is your sexual orientation? Select one.

- ○ Heterosexual or straight
- ○ Gay or lesbian
- ○ Bisexual
- ○ Queer
- ○ Questioning or unsure of sexual orientation
- ○ Prefer not to say
- ○ Other (specify:_____)

2. What is your primary language? Select only one.

- ○ English
- ○ Spanish/Spanish Creole
- ○ African Languages
- ○ Arabic

- ○ Armenian
- ○ Cambodian
- ○ Cantonese
- ○ Other Chinese Dialects
- ○ Farsi
- ○ French/French Creole
- ○ Hebrew
- ○ Hmong
- ○ Ilocano
- ○ Indic (e.g. Hindi, Urdu, Sindhi)
- ○ Italian
- ○ Japanese
- ○ Korean
- ○ Lao
- ○ Mandarin
- ○ Mien
- ○ Other Indo-European
- ○ Polish
- ○ Portuguese/Portuguese Creole
- ○ Russian
- ○ Samoan
- ○ Tagalog
- ○ Thai
- ○ Turkish
- ○ Vietnamese
- ○ Yiddish
- ○ American Sign Language (ASL)
- ○ Other Sign Language
- ○ Other (Please specify)

3. Do you have a disability? (if yes, select all that apply) *A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.*

- ☐ Difficulty seeing
- ☐ Difficulty hearing or having speech understood
- ☐ Other communication disability (please specify)
- ☐ Learning Disability
- ☐ Developmental Disability
- ☐ Dementia
- ☐ Other mental disability not related to mental illness (please specify)
- ☐ Physical/mobility disability
- ☐ Chronic health condition/chronic pain
- ☐ Other
- ☐ No, I do not have any of these disabilities
- ☐ Prefer not to say

4. What is your military status?

- ○ Never served in the military
- ○ Currently active duty
- ○ Currently reserve duty or National Guard
- ○ Previously served in the US military and received honorable or general discharge

- ○ Previously served in the US military and received entry-level separation or other than honorable discharge
- ○ Served in another country's military
- ○ Other (please specify)
- ○ Prefer not to say

5. I feel like I understand or try to understand [client name]'s mental health needs

- ○ Disagree Strongly
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Agree Strongly
- ○ Prefer not to say
- ○ Unsure/Don't know

PSP SCORE 15 ("Family")

If you live with the client, we would like you to tell us about how you see your relationship with them at the moment.

For each statement, select the response that best describes your relationship with the client. Do not think for too long about any question, but do try to answer each question.

1. Do you live with [client name]?

- ○ Yes
- ○ No

2. In my family we talk to each other about things which matter to us.

- ○ Describes us very well
- ○ Describes us well
- ○ Describes us partly
- ○ Describes us not well

- Describes us not at all
- Prefer not to say

3. People often don't tell each other the truth in my family.
- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

4. Each of us gets listened to in our family.
- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

5. It feels risky to disagree in our family.
- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

6. We find it hard to deal with everyday problems.
- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

7. We trust each other.
- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

8. It feels miserable in our family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

9. When people in my family get angry, they ignore each other on purpose

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

10. We seem to go from one crisis to another in my family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

11. When one of us is upset, they get looked after within the family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

12. Things always seem to go wrong for my family.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

13. People in the family are nasty to each other.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

14. People in my family interfere too much in each other's lives.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

15. In my family, we blame each other when things go wrong.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

16. We are good at finding new ways to deal with things that are difficult.

- Describes us very well
- Describes us well
- Describes us partly
- Describes us not well
- Describes us not at all
- Prefer not to say

BURDEN ASSESSMENT SCALE ("Family Impact")

This survey is going to ask about things which other people have found to happen to them because of their loved one's illness. Please indicate to what extent you have had any of the following experiences in the past six months because of your loved one's illness.

1. Had financial problems

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

2. Missed days at work (or school)

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

3. Found it difficult to concentrate on your own activities

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

4. Had to change your personal plans like taking a new job, or going on vacation

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

5. Cut down on leisure time

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

6. Found the household routine was upset

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

7. Had less time to spend with friends

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

8. Neglected other family members' needs

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

9. Experienced family frictions and arguments

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

10. Experienced frictions with neighbors, friends, relatives outside the home

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

11. Became embarrassed because of [client name]'s behavior

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

12. Felt guilty because you were not doing enough to help

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

13. Felt guilty because you felt responsible for causing [client name]'s problem

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

14. Resented [client name] because they made too many demands on you

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

15. Felt trapped by your caregiving role

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

16. Were upset by how much [client name] had changed from their former self

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

17. Worried about how your behavior with [client name] might make the illness worse

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

18. Worried about what the future holds for client

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

19. Found the stigma of the illness upsetting

○ Not at all ○ A little ○ Some ○ A lot ○ Prefer not to say ○ Not applicable

EPI-CAL PSP EXPERIENCES QUESTIONS ("Their Experiences")

PSP: Legal Involvement and Related ("Legal Involvement and Related")

These next questions are about experiences the client may have had with the police or legal system. Please select the best response for each question. Note that "the client" refers to the individual receiving services at this clinic.

1. Has [client name], in the past six months, experienced any of the following? (select all that apply)

- ☐ Interactions with the police in the community or at school
- ☐ Street stop or stop-and-frisk
- ☐ Police were called on them to respond to domestic dispute or mental health crisis
- ☐ Been part of a community-based diversion program (eg. Sacramento Area Congregations Together, San Diego Organizing Project, Resilience Orange County, Youth Justice Coalition)
- ☐ Been part of "voluntary" or "informal" probation (ie. pre-probation, probation lite)
- ☐ Spent at least one night in any kind of juvenile detention center ("juvie")
- ☐ Spent at least one night in any kind of prison or jail
- ☐ Not counting minor traffic violations, been arrested and booked for breaking the law (being "booked" means that they were taken into custody and processed by the police or by someone connected with the courts, even if they were then released)
- ☐ Been on probation
- ☐ Been on parole, supervised release, or other conditional release from prison
- ☐ Been convicted of a misdemeanor or DUI
- ☐ Been convicted of a felony
- ☐ None of the above
- ☐ Unsure/Don't Know
- ☐ Prefer not to say

PSP MODIFIED COLORADO SYMPTOM INDEX (MCSI) ("Personal Experiences Inventory")

Think of how often the client experienced problems and how often they bothered or distressed them during the past month. Consider any interactions/conversations you have had and anything you have observed. For each problem, pick one answer that best describes how often they have had the problem in the past 30 days.

How often have they experienced the problem in the past 30 days?	Not at all	Once during the month	Several times during the month	Several times a week	At least every day	Prefer not to say
1. How often have they felt nervous, tense, worried, frustrated, or afraid?	0	1	2	3	4	
2. How often have they felt depressed?	0	1	2	3	4	
3. How often have they felt lonely?	0	1	2	3	4	
4. How often have others told them that they acted “paranoid” or “suspicious”?	0	1	2	3	4	
5. How often did they hear voices, or hear and see things that other people didn’t think were there?	0	1	2	3	4	
6. How often did they have trouble making up their mind about something, like deciding where they wanted to go or what they were going to do, or how to solve a problem?	0	1	2	3	4	
7. How often did they have trouble thinking straight or concentrating on something they needed to do (like worrying so much or thinking about problems so much that they can’t remember or focus on other things)?	0	1	2	3	4	
8. How often did they feel that their behavior or actions were strange or different from that of other people?	0	1	2	3	4	
9. How often did they feel out of place or like they did not fit in?	0	1	2	3	4	
10. How often did they forget important things?	0	1	2	3	4	
11. How often did they have problems with thinking too fast (thoughts racing)?	0	1	2	3	4	

How often have they experienced the problem in the past 30 days?	Not at all	Once during the month	Several times during the month	Several times a week	At least every day	Prefer not to say
12. How often did they feel suspicious or paranoid?	0	1	2	3	4	
13. How often did they feel like hurting themselves or killing themselves?	0	1	2	3	4	
14. How often have they felt like seriously hurting someone else?	0	1	2	3	4	

How often have they experienced the problem in the past 30 days?	Not at all	Once during the month	Several times during the month	Several times a week	At least every day
7. How often did they have trouble thinking straight or concentrating on something they needed to do (like worrying so much or thinking about problems so much that they can't remember or focus on other things)?	0	1	2	3	4
8. How often did they feel that their behavior or actions were strange or different from that of other people?	0	1	2	3	4
9. How often did they feel out of place or like they did not fit in?	0	1	2	3	4
10. How often did they forget important things?	0	1	2	3	4
11. How often did they have problems with thinking too fast (thoughts racing)?	0	1	2	3	4
12. How often did they feel suspicious or paranoid?	0	1	2	3	4
13. How often did they feel like hurting themselves or killing themselves?	0	1	2	3	4
14. How often have they felt like seriously hurting someone else?	0	1	2	3	4

MEDICATIONS

These next questions will ask about your thoughts about the client taking medication and experiences they may have had with their medication. Please select the best response for each question.

1. Does [Client Name] currently take any prescription medications?

- ○ Yes
- ○ No → ***End survey***
- ○ Unsure/Don't know → ***End survey***

ADHERENCE ESTIMATOR®

For the next three questions, please select the response that best describes how you feel about the medicine [Client Name] is currently taking.

2. I am convinced of the importance of [Client Name]'s prescription medicine.

- ○ Agree completely
- ○ Agree mostly
- ○ Agree somewhat
- ○ Disagree somewhat
- ○ Disagree mostly
- ○ Disagree completely

3. I worry that [Client Name]'s prescription medicine will do more harm than good to them.

- ○ Agree completely
- ○ Agree mostly
- ○ Agree somewhat
- ○ Disagree somewhat
- ○ Disagree mostly
- ○ Disagree completely

4. The out-of-pocket expenses for [Client Name]'s medication(s) are a financial burden.

- ○ Agree completely
- ○ Agree mostly
- ○ Agree somewhat
- ○ Disagree somewhat
- ○ Disagree mostly
- ○ Disagree completely

GASS (MODIFIED)

Please indicate if [Client Name] has experienced any of the following health concerns over the past week. Please consider any interactions you have had with them, anything they have told you, and anything you have observed.

20. Has [client name] felt sleepy during the day over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

21. Has [client name] felt drugged or like a zombie over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

22. Has [client name] felt dizzy when they stood up and/or have they fainted over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

23. Has [client name] felt their heart beating irregularly or unusually fast over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

24. Have [client name]'s muscles been tense or jerky over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

25. Have [client name]'s hands or arms been shaky over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

26. Have [client name]'s legs felt restless and/or could they not sit still over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say

- ○ Unsure/don't know

27. Has [client name] been drooling over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

28. Has [client name]'s movements or walking been slower than usual over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

29. Has [client name] had uncontrollable movements of their face or body over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

30. Has [client name]'s vision been blurry over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

31. Has [client name]'s mouth been dry over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

32. Has [client name] had difficulty passing urine over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

33. Has [client name] felt like they were going to be sick or have they vomited over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

34. Has [client name] had problems opening their bowels (constipation) over the past week?
    - ○ Yes
    - ○ No

- ○ Prefer not to say
- ○ Unsure/don't know

35. Has [client name] wet the bed over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

36. Has [client name] been very thirsty and/or passing urine frequently over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

37. Have the areas around [client name]'s nipples been sore and swollen over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

38. Has [client name] noticed fluid coming from their nipples over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

39. Has [client name] had problems enjoying sex over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don't know

40. Has [client name] had problems getting an erection over the past week?
    - ○ Yes
    - ○ No
    - ○ Not applicable (not of male sex)
    - ○ Prefer not to say
    - ○ Unsure/don't know

41. Has [client name] noticed a change in their periods over the past 3 months?
    - ○ Yes
    - ○ No
    - ○ Not applicable (not of female sex)
    - ○ Prefer not to say

- ○ Unsure/don’t know

42. Has [client name] been gaining weight over the past 3 months?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don’t know

43. Has [client name] had problems with memory or concentration over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don’t know

44. Has [client name] had changes with their appetite over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don’t know

45. Have [client name]’s muscles been too tense or still over the past week?
    - ○ Yes
    - ○ No
    - ○ Prefer not to say
    - ○ Unsure/don’t know

46. Have any of these health concerns been distressing?
    - ○ Yes
    - ○ No
    - ○ Not Applicable (They did not experience any health concerns)
    - ○ Prefer not to say
    - ○ Unsure/don’t know