HCHS/SOL Visit 2 Chronic Stress

| ID NUMBER: | | | | | | | | FORM CODE: STE
VERSION: 1, 4/29/2014 | Contact
Occasion | 0 | 2 | SEQ # | | |

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐ 0b. Staff ID: ☐☐☐

Month　　Day　　Year

Instructions: *Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.*

A. Chronic Stress

Many people experience ongoing problems with their everyday lives. Please tell us whether any of the following has been a problem for you.

1. Have you had a serious ongoing health problem?

No　　0　☐ →　**GO TO QUESTION 2**　　Yes 1 ☐

　　1a. Has this been a problem for six months or more?

　　　　No　0 ☐　　　　　Yes　1 ☐

　　1b. Would you say this problem has been

　　　　Not very stressful　　1 ☐
　　　　Moderately Stressful　2 ☐
　　　　Very Stressful　　　　3 ☐

2. Has someone close to you had a serious ongoing health problem?

　　No　0 ☐ →　**GO TO QUESTION 3**　　Yes　1 ☐

　　2a. Has this been a problem for six months or more?

　　　　No　0 ☐　　　　　Yes　1 ☐

　　2b. Would you say this problem has been

　　　　Not very stressful　　1 ☐
　　　　Moderately Stressful　2 ☐
　　　　Very Stressful　　　　3 ☐

3. Have you had ongoing difficulties with your job or ability to work?

　　No　0 ☐ →　**GO TO QUESTION 4**　　Yes　1 ☐

　　3a. Has this been a problem for six months or more?

　　　　No　0 ☐　　　　　Yes　1 ☐

    3b. Would you say this problem has been

        Not very stressful   1 ☐
        Moderately Stressful 2 ☐
        Very Stressful   3 ☐

4. Have you experienced ongoing financial strain?

No   0 ☐ → **GO TO QUESTION 5**   Yes   1 ☐

    4a. Has this been a problem for six months or more?

        No   0 ☐   Yes   1 ☐

    4b. Would you say this problem has been

        Not very stressful   1 ☐
        Moderately Stressful 2 ☐
        Very Stressful   3 ☐

5. Have you had ongoing difficulties in a relationship with someone close to you?

    No   0 ☐ → **GO TO QUESTION 6**   Yes   1 ☐

    5a. Has this been a problem for six months or more?

        No   0 ☐   Yes   1 ☐

    5b. Would you say this problem has been

        Not very stressful   1 ☐
        Moderately Stressful 2 ☐
        Very Stressful   3 ☐

6. Has someone close to you had an ongoing problem with alcohol or drug use?

    No   0 ☐ → **GO TO QUESTION 7**   Yes   1 ☐

    6a. Has this been a problem for six months or more?

        No   0 ☐   Yes   1 ☐

    6b. Would you say this problem has been

        Not very stressful   1 ☐
        Moderately Stressful 2 ☐
        Very Stressful   3 ☐

7. Have you been helping someone close to you, who is sick, limited or frail?

    No   0 ☐ → **GO TO QUESTION 8**   Yes   1 ☐

    7a. Has this been a problem for six months or more?

        No   0 ☐   Yes   1 ☐

7b. Would you say this problem has been

Not very stressful 1 ☐
Moderately Stressful 2 ☐
Very Stressful 3 ☐

8. Have you had another ongoing problem not listed here?

No 0 ☐ → **End questionnaire** Yes 1 ☐

8a. If yes, please describe: _____

8b. Has this been a problem for six months or more?

No 0 ☐ Yes 1 ☐

8c. Would you say this problem has been

Not very stressful 1 ☐
Moderately Stressful 2 ☐
Very Stressful 3 ☐