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OMB#: xxxx-xxxx
Exp. xx/xx/xxxx

HCHS/SOL Visit 2 Chronic Stress

ID NUMBER:

FORM CODE: STE
VERSION: 1, 10/9/13

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. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed 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

ID NUMBER:								
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FORM CODE: STE
VERSION: 1 9/4/13

Contact
Occasion

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SEQ #

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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

ID NUMBER:								
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FORM CODE: STE
VERSION: 1 9/4/13

Contact
Occasion

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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 → **GO TO QUESTION 9**
Yes 1

If yes, please describe: _____

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

No 0
Yes 1

8b. Would you say this problem has been

Not very stressful 1
Moderately Stressful 2
Very Stressful 3