

30M Questionnaire - Adult

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 30M |
| Administration: | N/A |
| Instrument Target: | Primary Caregiver |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI;Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 6 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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30M Questionnaire - Adult

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30M Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

SOCIAL SUPPORT

**(TIME\_STAMP\_SS\_ST).**

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID **(P\_ID)** FOR ADULT CAREGIVER.
 |

**SS01000.** Please tell me how much you agree or disagree with the following statements.

**SS02000/(SPECIAL\_PERSON\_AROUND).** There is a special person who is around when I am in need.

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, SAY "Do you..." AT END OF QUESTION AND READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS03000/(SPECIAL\_PERSON\_SHARE).** There is a special person with whom I can share my joys and sorrows.

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| --- |
| INTERVIEWER INSTRUCTIONS |
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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS04000/(FAMILY\_HELP).** My family really tries to help me.

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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS05000/(EMOTIONAL\_HELP).** I get the emotional help I need from my family.

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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS06000/(SPECIAL\_PERSON\_COMFORT).** I have a special person who is a source of comfort to me.

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| Label | Code | Go To |
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| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS07000/(FRIENDS\_HELP).** My friends really try to help me.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
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| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS08000/(FRIENDS\_COUNT).** I can count on my friends when things go wrong.

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| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS09000/(FAMILY\_TALK).** I can talk about my problems with my family.

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| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS10000/(FRIENDS\_SHARE).** I have friends with whom I can share joys and sorrows.

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| --- |
| INTERVIEWER INSTRUCTIONS |
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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS11000/(PERSON\_CARING).** There is a person in my life who cares about my feelings.

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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS12000/(FAMILY\_DECISIONS).** My family is willing to help me make decisions.

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| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**SS13000/(FRIENDS\_PROBLEMS).** I can talk about my problems with my friends.

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| INTERVIEWER INSTRUCTIONS |
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* IF NOT USING SHOWCARDS, SAY "Do you..." AT END OF QUESTION AND READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY DISAGREE | 1 |  |
| DISAGREE | 2 |  |
| AGREE | 3 |  |
| STRONGLY AGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Multidimensional Scale of Perceived Social Support (MSPSS) |

**(TIME\_STAMP\_SS\_ET).**

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

MENTORING OR PARENT SUPPORT

**(TIME\_STAMP\_MOP\_ST).**

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**MOP01000/(PARENT\_SUPP\_ANY).** In the past 6 months have you or anyone in your household received any type of parenting support, training, or mentoring, such as from a nurse, a doctor, a neighbor, or your mother or mother-in-law?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PARENT\_SUPP\_FRIEND |
| REFUSED | -1 | PARENT\_SUPP\_FRIEND |
| DON'T KNOW | -2 | PARENT\_SUPP\_FRIEND |

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| SOURCE |
| National Children’s Study, Vanguard Phase |

**MOP02000/(PARENT\_SUPP\_CLASSES).** Did you attend any parenting classes, workshops, or conferences?

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study, Vanguard Phase |

**MOP03000/(PARENT\_SUPP\_GROUP).** Did you participate in a parent support group?

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study, Vanguard Phase |

**MOP04000/(PARENT\_SUPP\_COUNSEL).** Did you seek counseling from a mental health, healthcare, or other professional , such as a member of the clergy to discuss parenting issues?

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study, Vanguard Phase |

**MOP05000/(PARENT\_SUPP\_BOOKS).** Did you receive parenting information from books, magazines, or instructional videos or DVDs?

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study, Vanguard Phase |

**MOP06000/(PARENT\_SUPP\_FRIEND).** Do you have a friend, neighbor, or family member who you can go to for parenting advice or guidance?

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**(TIME\_STAMP\_MOP\_ET).**

|  |
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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

PARENTAL STRESS

**(TIME\_STAMP\_PS\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |

**PS01000.** Now I would like to ask you a few questions about your feelings and thoughts during the last month.  In each case, you will be asked to indicate how often you felt or thought a certain way

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| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS02000/(UPSET\_UNEXPECTED).** In the last month, how often have you been upset because of something that happened unexpectedly?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
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 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS03000/(CONTROL\_LIFE).** In the last month, how often have you felt that you were unable to control the important things in your life?

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|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS04000/(STRESSED).** In the last month, how often have you felt nervous and “stressed”?

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 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS05000/(HANDLE\_PROBLEMS).** In the last month, how often have you felt confident about your ability to handle your personal problems?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS06000/(GOING\_YOUR\_WAY).** In the last month, how often have you felt that things were going your way?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS07000/(NOT\_COPE).** In the last month, how often have you found that you could not cope with all the things that you had to do?

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| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS08000/(CONTROL\_IRRITATIONS).** In the last month, how often have you been able to control irritations in your life?

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| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS09000/(TOP\_THINGS).** In the last month, how often have you felt that you were on top of things?

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| Label | Code | Go To |
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| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS10000/(OUTSIDE\_CONTROL).** In the last month, how often have you been angered because of things that were outside of your control?

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| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**PS11000/(DIFFICULTIES\_OVERCOME).** In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

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| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Cohen’s Perceived Stress Scale (PSS) |

**(TIME\_STAMP\_PS\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
 |