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OMB#: 0925-0584  
Exp. xx/xx/xxxx

## HCHS/SOL Visit 2 Chronic Stress

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: STE	Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
								VERSION: 1, 12/10/13		0	2			

### 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	<input type="checkbox"/>
Moderately Stressful	2	<input type="checkbox"/>
Very Stressful	3	<input type="checkbox"/>

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	<input type="checkbox"/>
Moderately Stressful	2	<input type="checkbox"/>
Very Stressful	3	<input type="checkbox"/>

ID NUMBER:								
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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

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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