



As you may know, many studies have shown that physical health often is affected by the amount of stress with which one has to deal. I'd like to ask you some questions about kinds of stress that may have been part of your life this year.

**39. Here are some questions about stress from life events:**

In the last 12 months,

- |  |        |       |
|--|--------|-------|
| a. Have you had a serious illness or injury, or an existing condition that started to get worse?   | 1. Yes | 2. No |
| b. Have you been the victim of a serious physical attack or assault?   | 1. Yes | 2. No |
| c. Were you robbed or was your home burglarized?   | 1. Yes | 2. No |
| d. Have you left a job or retired when you didn't want to?   | 1. Yes | 2. No |
| e. Were you or anyone in your household unemployed for longer than three months?   | 1. Yes | 2. No |
| f. Have you moved to a worse residence or neighborhood?  | 1. Yes | 2. No |
| g. Have you had any serious financial problems or difficulties?  | 1. Yes | 2. No |
|  |        |       |
| h. During the past 12 months, how many people close to you have lost a loved one, been a victim of a crime, had a serious injury, illness, personal problem or sudden crisis? _____ (Number) |        |       |

**40. Please tell me whether any of these things have happened to you in the past month or so:**

Have you had,

- |   |        |       |                   |
|---|--------|-------|-------------------|
| a. Problems with aging parents?               | 1. Yes | 2. No | 3. Does not apply |
| b. Problems with your children?               | 1. Yes | 2. No | 3. Does not apply |
| c. Hassles at work?                           | 1. Yes | 2. No | 3. Does not apply |
| d. Trouble balancing work and family demands? | 1. Yes | 2. No | 3. Does not apply |
| e. Problems with your spouse or partner?      | 1. Yes | 2. No | 3. Does not apply |

**41. Here is a question measuring financial stress.**

How difficult is it for you or your family to meet the monthly payments on your bills? Would you say it is:

- Extremely difficult
- Very difficult
- Somewhat difficult
- Slightly difficult
- Not difficult at all

**42. In your day-to-day life, how often have any of the following things happened to you?**

- |   | Very Often | Fairly Often | Not too Often | Hardly Ever | Never |
|---|------------|--------------|---------------|-------------|-------|
| a. You are treated with less courtesy than other people?                  | 1          | 2            | 3             | 4           | 5     |
| b. You are treated with less respect than other people?                   | 1          | 2            | 3             | 4           | 5     |
| c. You receive poorer service than other people at restaurants or stores? | 1          | 2            | 3             | 4           | 5     |
| d. People act as if they think you are not smart?                         | 1          | 2            | 3             | 4           | 5     |
| e. People act as if they are afraid of you?                               | 1          | 2            | 3             | 4           | 5     |
| f. People act as if they think you are dishonest?                         | 1          | 2            | 3             | 4           | 5     |
| g. People act as if they are better than you are?                         | 1          | 2            | 3             | 4           | 5     |
| h. You are called names or insulted?                                      | 1          | 2            | 3             | 4           | 5     |
| i. You are threatened or harassed?  | 1          | 2            | 3             | 4           | 5     |

**43. In the past 30 days, how often did you feel:**

- |  | Very Often | Fairly Often | Not too Often | Hardly Ever | Never |
|--|------------|--------------|---------------|-------------|-------|
| a. unable to control the important things in your life?                | 1          | 2            | 3             | 4           | 5     |
| b. confident about your ability to handle your personal problems?      | 1          | 2            | 3             | 4           | 5     |
| c. that things were going your way?                                    | 1          | 2            | 3             | 4           | 5     |
| d. that difficulties were piling up so high you could not handle them? | 1          | 2            | 3             | 4           | 5     |

**44. Now I'm going to ask you a series of questions about a variety of health risks. If you have never had a particular health risk, respond "does not apply."**

Since we first saw you for screening, have you made any attempts

- |   |        |       |                   |
|---|--------|-------|-------------------|
| a. to stop smoking or cut back?                 | 1. Yes | 2. No | 3. Does not apply |
| b. to lower your blood pressure?                | 1. Yes | 2. No | 3. Does not apply |
| c. to lower your cholesterol?                   | 1. Yes | 2. No | 3. Does not apply |
| d. to get more exercise?                        | 1. Yes | 2. No | 3. Does not apply |
| e. to reduce your drinking or to stop drinking? | 1. Yes | 2. No | 3. Does not apply |
| f. to improve your ability to deal with stress? | 1. Yes | 2. No | 3. Does not apply |

If yes to any of the above, did the client use any services

- listed on the survey? 1. Yes 2. No 3. Refused survey

**SCREENER: PLEASE RETURN TO FRONT OF THIS QUESTIONNAIRE TO COMPLETE Q.45-52.**

**NOTES:**