

2b.

Chronic Burden Form

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A.		NIC BL																		
	Many people experience ongoing problems in their everyday lives. Please tell us whether any of the following has been a problem for you.																			
1.	Serious ongoing health problem (yourself)												Yes		1	l				
													No		2	2 —	Go to 2			
	1a. Has this been a problem for six months or more?											Yes		1	I					
	Don't know = 7, kerasea = 0, Missing = 9									•						No		2	2	
	1b.	If yes, would you say this problem has been							N	ot Ver	ry Sti	ressfu	I	1						
	Don't know - 1, kelasea - 0, knosing - 5											M	lodera	ately	stress	ful	2			
															V	ery St	ressf	ful		3
2.													Yes		1	Į				
	Don't Know = 7, Refused = 8, Missing = 9												No		2	2 —	Go to 3			
	2a.	2a. Has this been a problem for six months or more?										Yes		1	I					
	bon t know = 7, keruseu = 5, missing = 5									No	2									

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1

2

3

Moderately stressful

Very Stressful

3.		ing difficulties with your job or ability to work	Yes No	1 2 —	Go to 4
	3a.	Has this been a problem for six months or more? Don't Know = 7, Refused = 8, Missing = 9	Yes No	1 2	
	3b.	If yes, would you say this problem has been	Not Very Stress Moderately stre Very Stressful		1 2 3
4.	Ongo Don't	ing financial strain Know = 7, Refused = 8, Missing = 9	Yes No	1 2	Go to 5
	4a.	Has this been a problem for six months or more? Don't Know = 7, Refused = 8, Missing = 9	Yes No	1 2	
	4b.	If yes, would you say this problem has been	Not Very Stress Moderately stre Very Stressful		1 2 3
5.		ing difficulties in a relationship with someone close to you Know = 7, Refused = 8, Missing = 9	Yes No	1 2	Go to 6
	5a.	Has this been a problem for six months or more? Don't Know = 7, Refused = 8, Missing = 9	Yes No	1 2	
	5b.	If yes, would you say this problem has been	Not Very Stress Moderately stre Very Stressful		1 2 3

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ADMINISTRATIVE INFORMATION

6.	Date of data collection:			/			/					
		m	m		d	d		У	У	У	У	
7	Mathad of data collections					Co	mnı	tor			1	
/.	Method of data collection:				• • • • • • • • • • • • • • • • • • • •		mpu	ter		I		
						Pa	per f	orm			2	
8.	Code number of person completing this form	m·										

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