



Stress

FORM CODE: STS
VERSION A 05/03/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“We are interested in the amount of stress that you have experienced over the past 12 months. Over the past 12 months, how much stress did you experience...”

[HAND RESPONDENT CARD]

	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful
1. In your job? (This would include feeling overworked, hassled at work, job insecurity, etc.)	A	B	C	D
2. In your relationships with others? (This would include your marriage, friendships, dealing with relatives, etc.)	A	B	C	D
3. Related to living in your neighborhood? (This would include crime, traffic, events affecting your personal safety, etc.)	A	B	C	D
4. Related to caring for others? (This would include caring for an elderly parent or relative, caring for children, etc.)	A	B	C	D
5. Related to legal problems? (This would include dealing with lawyers, judges, or other court officials, being accused or convicted of crime, etc.)	A	B	C	D
6. Related to medical problems? (This would include personal health problems or illness in the family, availability of health care, etc.)	A	B	C	D
7. Related to racism and discrimination? (This would include feeling mistreated or discriminated against at work, in a restaurant, at the grocery store, etc.)	A	B	C	D
8. Related to meeting basic needs? (This would include housing, buying food, paying bills, etc.)	A	B	C	D

ADMINISTRATIVE INFORMATION

9. Date of data collection:.....

		/			/				
--	--	---	--	--	---	--	--	--	--

m	m		d	d		y	y	y	y
---	---	--	---	---	--	---	---	---	---

10. Code number of person completing this form:

--	--	--