



Exam 7 Daily Stress Survey

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

In this survey we want to know about different things, good and bad, that happened to you since the last time we spoke. If you did not complete a survey yesterday, then tell us about what happened since this time yesterday. The stressful and supportive experiences people have in their daily lives may impact brain and heart health. **It is important when answering these questions that you only think about events or activities that happened since the last time we spoke or this time yesterday.** We appreciate your taking the time to complete this survey each day.

1. Since (this time/we spoke) yesterday, did you give emotional support to anyone, like listening to their problems, giving advice, or comforting them (not counting work you might do as part of your job)?

- Yes
- No

2. Did you give unpaid assistance to people who do NOT live with you? This can be informal assistance like helping a friend with shopping, or formal volunteer work with an organization like a senior center or church.

- Yes
- No

3. Did you receive emotional support from anyone or any organization?

- Yes
- No

4. Did you receive unpaid assistance or helpful advice from anyone or any organization?

- Yes
- No



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5. Did you have an argument or disagreement with anyone since (this time/we spoke) yesterday?

- Yes
- No

Think of the most stressful disagreement or argument you had since (this time/we spoke) yesterday. Who was it with?

- Spouse or partner
- Parent
- Child
- Other family member
- Friend
- Stranger
- Other

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much did it risk how you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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6. Since (this time/we spoke) yesterday, did anything happen that you could have argued about but you decided to let pass in order to avoid a disagreement?

- Yes
- No

Think of the most stressful incident of this sort. Who was the person you decided not to argue with?

- Spouse or partner
- Parent
- Child
- Other family member
- Friend
- Stranger
- Other

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much did it risk how you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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7. Since (this time/we spoke) yesterday, did anything happen at a place where you work or volunteer (other than what you have already mentioned) that most people would find stressful?

- Yes
- No

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all → **Skip to Q8**
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much did it risk how you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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8. Since (this time/we spoke) yesterday, did anything happen at home (other than what you have already mentioned) that most people would find stressful?

- Yes
- No

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all ———→ **Skip to Q9**
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much did it risk how you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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9. Many people experience discrimination on the basis of such things as race, sex, or age. Did anything like this happen to you since (this time/we spoke) yesterday?

- Yes
- No

What was the basis for the discrimination you experienced?
Mark all that apply.

- Your ancestry or national origins
- Your race
- Your gender
- Your age
- Your education or income level
- Your weight
- Your sexual orientation
- Your religion
- Other

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all → **Skip to Q10**
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much risk did you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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10. Since (this time/we spoke) yesterday, did anything happen to a close friend or relative (other than what you have already mentioned) that turned out to be stressful for you?

- Yes
- No

Think of the most stressful incident of this sort. Who did this happen to?

- Spouse or partner
- Child or grandchild
- Parent
- Sibling
- Other relative
- Friend
- Other

When did this happen?

- Yesterday afternoon or evening
- This morning
- This afternoon or evening

How stressful was this for you?

- Not at all —————> **Skip to Q11**
- Not very
- Somewhat
- Very

How much control did you have over the situation?

- None at all
- A little
- Some
- A lot

How much did it risk disrupting your daily routine?

- None at all
- A little
- Some
- A lot

How much did it risk how you feel about yourself or how others feel about you?

- None at all
- A little
- Some
- A lot

Is it resolved?

- Yes
- No



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11. Since (this time/we spoke) yesterday, did anything else happen to you that most people would consider stressful?

Yes

No



When did this happen?

Yesterday afternoon or evening

This morning

This afternoon or evening

How stressful was this for you?

Not at all → **Skip to Q12**

Not very

Somewhat

Very

How much control did you have over the situation?

None at all

A little

Some

A lot

How much did it risk disrupting your daily routine?

None at all

A little

Some

A lot

How much risk did you feel about yourself or how others feel about you?

None at all

A little

Some

A lot

Is it resolved?

Yes

No



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| | Not at all | Slightly | Moderately | Quite a bit | Very | Extremely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel CONTENT? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel HAPPY? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel DISAPPOINTED? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel TENSE? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel ENTHUSIASTIC? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel SAD? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel UPSET? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. <u>Since (this time/we spoke) yesterday</u> , to what extent do you feel EXCITED? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |