

ticipant ID #:		_				Acrostic:					ĺ
echnician ID:				D	ate:	Month /	ay	/	Ye		

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.

	(this time/we spoke) yesterday, did you give emotional support to anyone, like listening to their problems, giving advice, o ing them (not counting work you might do as part of your job)?
0	Yes
0	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.
- O Yes
- ${\bf 3. \ Did \ you \ receive \ emotional \ support \ from \ anyone \ or \ any \ organization?}$
 - O Yes
- 4. Did you receive unpaid assistance or helpful advice from anyone or any organization?
 - O Yes

O No

O No

O No



Exam 7 Daily Stress Survey

5. Did you have an argument or disagreement with anyone since (t	this time/we spoke) yesterday?
O Yes	
O No	
Think of the most stressful disagreement or argument you had since (this time/we spoke) yesterday. Who was it with?	How much did it risk disrupting your daily routine?
O Spouse or partner O Friend O Parent O Stranger	O None at all O A little
O Child O Other O Other family member	O Some O A lot
When did this happen?	How much did it risk how you feel about yourself or how others feel about you?
O Yesterday afternoon or evening	O None at all
O This morning	O A little
O This afternoon or evening	O Some O A lot
How stressful was this for you?	Is it resolved?
O Not at all ——— Skip to Q6	O Yes
O Not very	O No
O Somewhat	
O Very	
How much control did you have over the situation?	
O None at all	
O A little	
O Some	
O A lot	



Exam 7 ESA Daily Stress Survey

O Yes —		
O No		
0 110		
	ssful incident of this sort. Who was	How much did it risk disrupting your daily routine?
the person you decide	ed not to argue with?	O None at all
O Spouse or partr	ner O Friend	O A little
O Parent	O Stranger	O Some
O Child	O Other	O A lot
O Other family m	ember	
		How much did it risk how you feel about yourself or how others feel about you?
When did this happen O Yesterday after	? rnoon or evening	O None at all
This morning	-	O A little
O This afternoor	or evening	
C 11115 di territori	i or evering	O Some
How stressful was this	s for you?	O Alot
O Not at all —		Is it resolved?
O Not very		O Yes
O Somewhat		O No
O Very		
How much control dic	you have over the situation?	
O None at all		
O A little		
O Some		
O A lot		



Exam 7 ESA Daily Stress Survey

How much control did you have over the situation?

O None at all

O A little

O Some

O A lot

7. Since (this time/we spoke) yesterday, did anything halready mentioned) that most people would find stress	appen at a place where you work or volunteer (other than what you have sful?
O Yes O No	
When did this happen?	How much did it risk disrupting your daily routine?
 Yesterday afternoon or evening 	O None at all
O This morning	O A little
O This afternoon or evening	O Some
How stressful was this for you?	O A lot
O Not at all ——— Skip to Q8	How much did it risk how you feel about yourself or how others feel about you?
O Not very	O None at all
O Somewhat	O A little
O Very	O Some

O A lot

Is it resolved?

O Yes

O No



Exam 7 Wesa Daily Stress Survey

8. <u>Since (this time/we spoke) yesterday</u> , did anything happen a people would find stressful?	at home (other than what you have already mentioned) that most
O Yes —	
O No	
When did this happen?	How much did it risk disrupting your daily routine?
O Yesterday afternoon or evening	O None at all
O This morning	O A little
O This afternoon or evening	O Some
How stressful was this for you?	O A lot
O Not at all ——— Skip to Q9	How much did it risk how you feel about yourself or how others feel about you?
O Not very	O None at all
O Somewhat	O A little
O Very	O Some
How much control did you have over the situation?	O A lot
O None at all	Is it resolved?
O A little	O Yes
O Some	O No
O A lot	



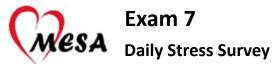
Exam 7 Daily Stress Survey

9. Many people experience discrimination on the basis of such that (this time/we spoke) yesterday?	hings as race, sex, or age. Did anything like this happen to you since
O Yes O 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	How much did it risk disrupting your daily routine? O None at all O A little O Some O A lot How much risk did you feel about yourself or how others feel about you? O None at all O A little
☐ Your religion☐ Other	O Some O A lot
When did this happen? O Yesterday afternoon or evening O This morning O This afternoon or evening	Is it resolved? O Yes O No
How stressful was this for you? ○ Not at all	
How much control did you have over the situation? O None at all O A little O Some O A lot	



Exam 7 ESA Daily Stress Survey

mentioned) that turned out to be stressful for you? O Yes O No Think of the most stressful incident of this sort. Who did this happen to? O Spouse or partner O Other relative O Child or grandchild O Parent O Other O Sibling When did this happen? O Yesterday afternoon or evening O This morning O This afternoon or evening O None at all O A little O Some O A lot How much did it risk disrupting your daily routine? O None at all O A little O Some O A lot Sibling How much did it risk how you feel about yourself or how others feel about you? O None at all O A little O Some O A lot How stressful was this for you? O Not at all O Some O A lot Some O A lot Some O A lot O Not very O Somewhat O Very
Think of the most stressful incident of this sort. Who did this happen to? O Spouse or partner O Other relative O Child or grandchild O Friend O Parent O Sibling When did this happen? O Yesterday afternoon or evening O This morning O This afternoon or evening O None at all O A little O Some O A lot O None at all O None at all O None at all O I his afternoon or evening O Some O A lot I sit resolved? O Not very O Yes O Somewhat O No
Think of the most stressful incident of this sort. Who did this happen to? O Spouse or partner O Other relative O Child or grandchild O Friend O Some O Parent O Other O Sibling When did this happen? O Yesterday afternoon or evening O This afternoon or evening O This afternoon or evening O Not at all O A little O Some O None at all O A little O None at all O A little O Some O None at all O A little O Some O None at all O A little O Some O None at all O Some O Some O Some O Some O Some O A lot O Some O Some O Not at all O Not very O Somewhat O No
this happen to? O Spouse or partner O Other relative O Child or grandchild O Friend O Some O Parent O Other O Sibling When did this happen? How much did it risk how you feel about yourself or how others feel about you? O Yesterday afternoon or evening O This morning O This afternoon or evening O This afternoon or evening O Some How stressful was this for you? O Not at all O Not at all O Not very O Somewhat O No
O Spouse or partner O Other relative O A little O Child or grandchild O Friend O Some O Parent O Other O A lot O Sibling When did this happen? How much did it risk how you feel about yourself or how others feel about you? O Yesterday afternoon or evening O None at all O This morning O A little O This afternoon or evening O Some How stressful was this for you? O Not at all Skip to Q11 Is it resolved? O Not very O Yes O Somewhat
O Child or grandchild O Friend O Some O Parent O Other O A lot O Sibling How much did it risk how you feel about yourself or how others feel about you? O Yesterday afternoon or evening O None at all O This morning O A little O This afternoon or evening O Some How stressful was this for you? O Not at all Skip to Q11 Is it resolved? O Not very O Yes O Somewhat
O Parent O Other O Sibling How much did it risk how you feel about yourself or how others feel about you? O Yesterday afternoon or evening O This morning O This afternoon or evening O Some How stressful was this for you? O Not at all O Not at all O Not very O Somewhat O No
O Sibling How much did it risk how you feel about yourself or how others feel about you? O Yesterday afternoon or evening O None at all O This morning O A little O This afternoon or evening O Some How stressful was this for you? O Not at all O Skip to Q11 O Not very O Somewhat O No O No O No O No O No O No
When did this happen? O Yesterday afternoon or evening O This morning O This afternoon or evening O Some How stressful was this for you? O Not at all O Not at all O Somewhat O Not wery O Somewhat How stress how you feel about you? O None at all O A little O A little O Some O A lot Is it resolved? O Yes O No
When did this happen? O Yesterday afternoon or evening O None at all O This morning O A little O This afternoon or evening O Some How stressful was this for you? O Not at all O Not very O Somewhat O No O No O No
O Notice at all O This morning O A little O This afternoon or evening O Some How stressful was this for you? O Not at all → Skip to Q11 O Not very O Not very O Somewhat O No
O This afternoon or evening O Some How stressful was this for you? O Not at all — Skip to Q11 O Not very O Somewhat O No
How stressful was this for you? O Not at all Skip to Q11 Is it resolved? O Not very O Yes O Somewhat O No
O Not at all → Skip to Q11 Is it resolved? O Not very O Yes O Somewhat O No
O Not very O Somewhat O No
O Somewhat O No
O Very
How much control did you have over the situation?
O None at all
O A little
O Some
O A lot



		_
11. Since (this time/we spoke) yesterday, did anything els	se happen to you that most people would consider stressful?	
O Yes		
O No		
When did this happen?	How much did it risk disrupting your daily routine?	
O Yesterday afternoon or evening	O None at all	
O This morning	O A little	
O This afternoon or evening	O Some	
Have atmosphili was this forward	O A lot	
How stressful was this for you? ○ Not at all ——— Skip to Q12	How much risk did you feel about yourself or how others feel about you?	
O Not very	O None at all	
O Somewhat	O A little	
O Very	O Some	
How much control did you have over the situation?	O A lot	
O None at all	Is it resolved?	
O A little	O Yes	
O Some	O No	
O A lot		



	Not at all	Slightly	Moderately	Quite a bit	Very	Extremely
12. Since (this time/we spoke) yesterday, to what extent do you feel CONTENT?	0	0	0	0	0	0
13. Since (this time/we spoke) yesterday, to what extent do you feel HAPPY?	0	0	0	0	0	0
14. Since (this time/we spoke) yesterday, to what extent do you feel DISAPPOINTED?	0	0	0	0	0	0
15. Since (this time/we spoke) yesterday, to what extent do you feel TENSE?	0	0	0	0	0	0
16. Since (this time/we spoke) yesterday, to what extent do you feel ENTHUSIASTIC?	0	0	0	0	0	0
17. Since (this time/we spoke) yesterday, to what extent do you feel SAD?	0	0	0	0	0	0
18. Since (this time/we spoke) yesterday, to what extent do you feel UPSET?	0	0	0	0	0	0
19. Since (this time/we spoke) yesterday, to what extent do you feel EXCITED?	0	0	0	0	0	0