



## STRESS SCALE PHONE ASSESSMENT

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FORM CODE: SSP  
VERSION: 1.0 10/13/2020

Event: \_\_\_\_\_

0a) Date of Collection   /   /     0b) Staff Code

**Instructions:** This form should be completed after the participant completes their regularly scheduled SPIROMICS II follow-up phone call questionnaire (FUQ). For each item below, have the participant select the answer that best describes their experience.

**Research Coordinator:** Thanks for answering our follow up questions. We also want to let you know of an additional survey that we are offering to SPIROMICS participants. This survey will take approximately 10 minutes (23 questions) and asks questions about your stress levels and other factors like transportation that may cause stress and/or impact your health. You will receive an additional \$25 for completing the survey.

0c) Are you interested in participating in this additional survey right now?

No<sub>0</sub> → **Thank the participant and Go to End**

Yes<sub>1</sub>

Not at this time but will participate at next call<sub>2</sub> → **Thank the participant and Go to End**

**Research Coordinator:** Thanks for your interest. I am going to tell you a bit more about the survey study and you will have a chance to ask questions. This will serve as your verbal consent to participate in the study. The purpose of this survey is to look at the role that stress plays in the health of participants with COPD. Participation is completely voluntary and if you complete the survey we will compensate you with an additional \$25. I will ask you 23 questions over the phone and ask you to respond. Because this survey is asking about levels of stress, there is a possibility that you may experience some discomfort or distress, however you can simply respond "I choose not to answer this question." Your decision to participate will not affect your participation in the SPIROMICS study. Do you have any questions?

0d) Would you like to participate?

No<sub>0</sub> → **Thank the participant and Go to End**

Yes<sub>1</sub>

**Research Coordinator:** Thank you, we have noted your verbal consent.

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Jones PW, Harding G, Berry P, Wiklund I, Chen W-H, Kline Leidy N. Development and first validation of the COPD Assessment Test. Eur Respir J. 2009 Sep; 34(3):648-54.

Questions 19 through 23 come from the National PRAPARE Social Determinants of Health Assessment protocol, developed and owned by the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organization (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF). For more information, visit [www.nachc.org/prapare](http://www.nachc.org/prapare).

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**Research Coordinator: The following questions ask about the impact COPD is having on your wellbeing and daily life. Please say what number describes you best.**

**Instructions:** Explain that the first statement corresponds to a number of “0” while the second statement corresponds to a number of “5.” Let the participant know that they are to choose a number from 0-5 that best describes themselves in relation to the statement described.

				<b>SCORE</b>						
1)	I never cough	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	I cough all the time	<input type="checkbox"/>
0	1	2	3	4	5					
2)	I have no phlegm (mucus) in my chest at all	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	My chest is completely full of phlegm (mucus)	<input type="checkbox"/>
0	1	2	3	4	5					
3)	My chest does not feel tight at all	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	My chest feels very tight	<input type="checkbox"/>
0	1	2	3	4	5					
4)	When I walk up a hill or one flight of stairs I am not breathless	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am very breathless	<input type="checkbox"/>
0	1	2	3	4	5					
5)	I am not limited doing any activities at home	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	I am very limited in doing any activities at home	<input type="checkbox"/>
0	1	2	3	4	5					
6)	I am confident leaving my home despite my lung condition	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition	<input type="checkbox"/>
0	1	2	3	4	5					
7)	I sleep soundly	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	I don't sleep soundly because of my lung condition	<input type="checkbox"/>
0	1	2	3	4	5					
8)	I have lots of energy	<table border="1" style="display: inline-table;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	0	1	2	3	4	5	I have no energy at all	<input type="checkbox"/>
0	1	2	3	4	5					

**Research Coordinator: The following questions will ask you about the level of stress you have experienced over the last month.**

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**Instructions:** Ask the participant to choose the answer that describes how often they have felt or experienced the statement described.

- 9) In the last month, how often have you been upset because of something that happened unexpectedly?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 10) In the last month, how often have you felt that you were unable to control the important things in your life?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 11) In the last month, how often have you felt nervous and “stressed”?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 12) In the last month, how often have you felt confident about your ability to handle your personal problems?
- Never<sub>4</sub>
  - Almost never<sub>3</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>1</sub>
  - Very often<sub>0</sub>
- 13) In the last month, how often have you felt that things were going your way?
- Never<sub>4</sub>
  - Almost never<sub>3</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>1</sub>
  - Very often<sub>0</sub>

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- 14) In the last month, how often have you found that you could not cope with all the things that you had to do?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 15) In the last month, how often have you been able to control irritations in your life?
- Never<sub>4</sub>
  - Almost never<sub>3</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>1</sub>
  - Very often<sub>0</sub>
- 16) In the last month, how often have you felt that you were on top of things?
- Never<sub>4</sub>
  - Almost never<sub>3</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 17) In the last month, how often have you been angered because of things that were outside your control?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>
- 18) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
- Never<sub>0</sub>
  - Almost never<sub>1</sub>
  - Sometimes<sub>2</sub>
  - Fairly often<sub>3</sub>
  - Very often<sub>4</sub>

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**Research Coordinator: Finally, the last set of questions will ask about non-medical factors that may cause stress or impact your health.**

- 19) What is your housing situation today [PRAPARE Q7]?
- I have housing<sup>1</sup>
  - I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)<sup>2</sup>
  - I choose not to answer this question<sup>9</sup>
- 20) Are you worried about losing your housing [PRAPARE Q8]?
- No<sup>0</sup>
  - Yes<sup>1</sup>
  - I choose not to answer this question<sup>9</sup>
- 21) What is your main insurance [PRAPARE Q12]?
- None/Uninsured<sup>0</sup>
  - Medicaid<sup>1</sup>
  - Children’s Health Insurance Program (CHIP) / Medicaid<sup>2</sup>
  - Medicare<sup>3</sup>
  - Other public insurance (not CHIP)<sup>4</sup>
  - Other public insurance (CHIP)<sup>5</sup>
  - Private insurance<sup>6</sup>
- 22) In the past year, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? [PRAPARE Q14]:

	No <sup>0</sup>	Yes <sup>1</sup>	Choose not to answer <sup>9</sup>
22a) Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22b) Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22c) Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22d) Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22e) Medicine or any health care (dental, mental, vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22f) Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g) Other (please specify): _____			

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23) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply [PRAPARE Q15]:

- 23a) No
- 23b) Yes, it has kept me from medical appointments or from getting my medications
- 23c) Yes, it has kept me from non-medical meetings, work, or from getting things that I need
- 23d) I choose not to answer this question

Note: If there is any concern that the participant is experiencing severe psychological distress or expresses suicidal ideations, please call 911 and stay on the phone with the participant until EMS arrives.

**END OF FORM**

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