

# Chronic Burden Form

9

FORM CODE: CBF

VERSION A 01/27/2009

ID NUMBER: CONTACT YEAR:

LAST NAME: INITIALS:

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| INSTRUCTIONS: This form should be completed during the participant’s clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response. |

**A. CHRONIC BURDEN**

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

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

1a. Has this been a problem for six months or more? Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

1b. If yes, would you say this problem has been Not Very Stressful 1

**Don't Know = 7, Refused = 8, Missing = 9**

Moderately stressful 2

Very Stressful 3

2. Serious ongoing health problems (someone close to you) Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

2a. Has this been a problem for six months or more? Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

2b. If yes, would you say this problem has been Not Very Stressful 1

**Don't Know = 7, Refused = 8, Missing = 9**

Moderately stressful 2

Very Stressful 3

3. Ongoing difficulties with your job or ability to work Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

3a. Has this been a problem for six months or more? Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

3b. If yes, would you say this problem has been Not Very Stressful 1

**Don't Know = 7, Refused = 8, Missing = 9**

Moderately stressful 2

Very Stressful 3

4. Ongoing financial strain Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

4a. Has this been a problem for six months or more? Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

4b. If yes, would you say this problem has been Not Very Stressful 1

**Don't Know = 7, Refused = 8, Missing = 9**

Moderately stressful 2

Very Stressful 3

5. Ongoing difficulties in a relationship with someone close to you Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

5a. Has this been a problem for six months or more? Yes 1

**Don't Know = 7, Refused = 8, Missing = 9**

No 2

5b. If yes, would you say this problem has been Not Very Stressful 1

**Don't Know = 7, Refused = 8, Missing = 9**

Moderately stressful 2

Very Stressful 3

#### ADMINISTRATIVE INFORMATION

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6. Date of data collection: ……………………….

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7. Method of data collection: ……………………………………………… Computer 1

Paper form 2

8. Code number of person completing this form: …………………………………..