



## INSTRUCTIONS FOR STRESS SCALE PHONE ASSESSMENT SSP, VERSION 1.0, QUESTION BY QUESTION (QxQ)

### I. GENERAL INSTRUCTIONS

The Stress Scale Phone Assessment (SSP) is to be completed after the participant completes their regularly scheduled SPIROMICS II follow-up phone call questionnaire (FUQ). For each item, the participant should select the answer that best describes their experience.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Read the opening statement to the participant.

Item 0c. **Interest in participating now:** Select only one option among the three possible choices.

- Select No if the participant is not interested in participating in the survey now. [Thank participant and go to END]
- Select Yes if participant agrees to participate in the survey now.
- Select 'Not at this time but will participate at next call' if the participant does not agree to participate now but will at the next call. [Thank participant and go to END]

Read the continuation of the script to the participant and answer any questions they may have.

Item 0d. **Verbal Consent:** Select only one option among the two possible choices.

- Select No if the participant does not agree to participate. [Thank participant and go to END]
- Select Yes if the participant agrees to participate. [Note the participant's verbal consent to the participant]

Read the script prior to Questions 1 – 8. 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.

Item 1. **Frequency of Coughing:** Select the number between 0 – 5 that the participant reported regarding coughing frequency with 0 being never cough and 5 being cough all the time.

Item 2. **Phlegm (mucus) in chest:** Select the number between 0 – 5 that the participant reported regarding having phlegm (mucus) in their chest with 0 being no phlegm and 5 being chest completely full of phlegm.

- Item 3. **Tightness of chest:** Select the number between 0 – 5 that the participant reported regarding feeling tightness in their chest with 0 being not tight at all and 5 being very tight.
- Item 4. **Breathless walking uphill:** Select the number between 0 – 5 that the participant reported regarding being breathless when walking uphill or up one flight of stairs with 0 being not breathless and 5 being very breathless.
- Item 5. **Limitations doing activities at home:** Select the number between 0 – 5 that the participant reported regarding being limited in doing activities at home with 0 being not at all limited and 5 being very limited.
- Item 6. **Confidence leaving home:** Select the number between 0 – 5 that the participant reported regarding their confidence in leaving home despite their lung condition with 0 being confident and 5 being not at all confident.
- Item 7. **Sleep:** Select the number between 0 – 5 that the participant reported regarding sleeping soundly with 0 being sleeping soundly and 5 being not sleeping soundly because of their lung condition.
- Item 8. **Energy level:** Select the number between 0 – 5 that the participant reported regarding their energy level with 0 being lots of energy and 5 being no energy at all.

Read the script prior to Questions 9 – 18. Ask the participant to choose the answer that describes how often over the last month they have felt or experienced the statement described.

- Item 9. **Upset because of something that happened unexpectedly:** Select only one option among the five possible choices.
- Select 'Never' if the participant was never upset in the last month because of something that happened unexpectedly.
  - Select 'Almost never' if the participant was almost never upset in the last month because of something that happened unexpectedly.
  - Select 'Sometimes' if the participant was sometimes upset in the last month because of something that happened unexpectedly.
  - Select 'Fairly often' if the participant was fairly often upset in the last month because of something that happened unexpectedly.
  - Select 'Very often' if the participant was very often upset in the last month because of something that happened unexpectedly.
- Item 10. **Unable to control important things:** Select only one option among the five possible choices.
- Select 'Never' if in the last month, the participant has never felt they were unable to control the important things in their life.
  - Select 'Almost never' if in the last month, the participant has almost never felt they were unable to control the important things in their life.
  - Select 'Sometimes' if in the last month, the participant has sometimes felt they were unable to control the important things in their life.
  - Select 'Fairly often' if in the last month, the participant has fairly often felt they were unable to control the important things in their life.
  - Select 'Very often' if in the last month, the participant has very often felt they were unable to control the important things in their life.
- Item 11. **Felt nervous and “stressed”:** Select only one option among the five possible choices.
- Select 'Never' if in the last month, the participant has never felt nervous and “stressed”.

- Select 'Almost never' if in the last month, the participant has almost never felt nervous and "stressed".
- Select 'Sometimes' if in the last month, the participant has sometimes felt nervous and "stressed".
- Select 'Fairly often' if in the last month, the participant has fairly often felt nervous and "stressed".
- Select 'Very often' if in the last month, the participant has very often felt nervous and "stressed".

Item 12. **Confident about ability to handle personal problems:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never felt confident about their ability to handle their personal problems.
- Select 'Almost never' if in the last month, the participant has almost never felt confident about their ability to handle their personal problems.
- Select 'Sometimes' if in the last month, the participant has sometimes felt confident about their ability to handle their personal problems.
- Select 'Fairly often' if in the last month, the participant has fairly often felt confident about their ability to handle their personal problems.
- Select 'Very often' if in the last month, the participant has very often felt confident about their ability to handle their personal problems.

Item 13. **Felt things were going their way:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never felt that things were going their way.
- Select 'Almost never' if in the last month, the participant has almost never felt that things were going their way.
- Select 'Sometimes' if in the last month, the participant has sometimes felt that things were going their way.
- Select 'Fairly often' if in the last month, the participant has fairly often felt that things were going their way.
- Select 'Very often' if in the last month, the participant has very often felt that things were going their way.

Item 14. **Could not cope with all the things they had to do:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never found that they could not cope with all the things that they had to do.
- Select 'Almost never' if in the last month, the participant has almost never found that they could not cope with all the things that they had to do.
- Select 'Sometimes' if in the last month, the participant has sometimes found that they could not cope with all the things that they had to do.
- Select 'Fairly often' if in the last month, the participant has fairly often found that they could not cope with all the things that they had to do.
- Select 'Very often' if in the last month, the participant has very often found that they could not cope with all the things that they had to do.

Item 15. **Control irritations in life:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never been able to control irritations in their life.
- Select 'Almost never' if in the last month, the participant has almost never been able to control irritations in their life.

- Select 'Sometimes' if in the last month, the participant has sometimes been able to control irritations in their life.
- Select 'Fairly often' if in the last month, the participant has fairly often been able to control irritations in their life.
- Select 'Very often' if in the last month, the participant has very often been able to control irritations in their life.

Item 16. **Felt on top of things:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never felt that they were on top of things.
- Select 'Almost never' if in the last month, the participant has almost never felt that they were on top of things.
- Select 'Sometimes' if in the last month, the participant has sometimes felt that they were on top of things.
- Select 'Fairly often' if in the last month, the participant has fairly often felt that they were on top of things.
- Select 'Very often' if in the last month, the participant has very often felt that they were on top of things.

Item 17. **Angered because of things that were outside of their control:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never felt angered because of things that were outside of their control.
- Select 'Almost never' if in the last month, the participant has almost never felt angered because of things that were outside of their control.
- Select 'Sometimes' if in the last month, the participant has sometimes felt angered because of things that were outside of their control.
- Select 'Fairly often' if in the last month, the participant has fairly often felt angered because of things that were outside of their control.
- Select 'Very often' if in the last month, the participant has very often felt angered because of things that were outside of their control.

Item 18. **Felt difficulties piling up so high they could not overcome them:** Select only one option among the five possible choices.

- Select 'Never' if in the last month, the participant has never felt difficulties were piling up so high that they could not overcome them.
- Select 'Almost never' if in the last month, the participant has almost never felt difficulties were piling up so high that they could not overcome them.
- Select 'Sometimes' if in the last month, the participant has sometimes felt difficulties were piling up so high that they could not overcome them.
- Select 'Fairly often' if in the last month, the participant has fairly often felt difficulties were piling up so high that they could not overcome them.
- Select 'Very often' if in the last month, the participant has very often felt difficulties were piling up so high that they could not overcome them.

Read the script prior to Questions 19 – 23.

Item 19. **Housing situation today [PRAPARE Q7]:** Select only one option among the three possible choices.

- Select 'I have housing' if the participant reports they have housing today.
- Select 'I do not have housing' if the participant reports they do not have housing today (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park).

- Select 'I choose not to answer this question' if the participant chooses not to answer this question.

Item 20. **Worried about losing housing [PRAPARE Q8]:** Select only one option among the three possible choices.

- Select No if the participant is not worried about losing their housing.
- Select Yes if the participant is worried about losing their housing.
- Select 'I choose not to answer this question' if the participant chooses not to answer this question.

Item 21. **Main insurance [PRAPARE Q12]:** Select only one option among the seven possible choices.

- Select 'None/Uninsured' if the participant reports they have no insurance or are uninsured.
- Select 'Medicaid' if the participant reports that their main insurance is Medicaid.
- Select 'Children's Health Insurance Program (CHIP) / Medicaid' if the participant reports that their main insurance is Children's Health Insurance Program (CHIP) / Medicaid.
- Select 'Medicare' if the participant reports that their main insurance is Medicare.
- Select 'Other public insurance (not CHIP)' if the participant reports that their main insurance is other public insurance (not CHIP).
- Select 'Other public insurance (CHIP)' if the participant reports that their main insurance is other public insurance (CHIP).
- Select 'Private insurance' if the participant reports that their main insurance is private insurance.

Item 22. **Ability to get need items [PRAPARE Q14]:** Select responses in questions 22a – 22g to record whether or not the participant or participant's family members they live with have been **unable** to get any of the items listed when they were **really needed**.

Item 22a. **Unable to get food:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get food when it was really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get food when it was really needed.
- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22b. **Unable to get utilities:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get utilities when really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get utilities when really needed.
- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22c. **Unable to get clothing:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get clothing when it was really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get clothing when it was really needed.
- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22d. **Unable to get child care:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get child care when it was really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get child care when it was really needed.

- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22e. **Unable to get medicine or any health care:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get medicine or any health care (dental, mental, vision) when it was really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get health care (dental, mental, vision) when it was really needed.
- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22f. **Unable to get phone:** Select only one option among the three possible choices.

- Select No if in the past year, the participant or other family members they live with have not been unable to get a phone when it was really needed.
- Select Yes if in the past year, the participant or other family members they live with have been unable to get a phone when it was really needed.
- Select 'Choose not to answer' if the participant chooses not to answer this question.

Item 22g. **Unable to get other:** Specify any other things the participant reports they have been unable to get in the past year when really needed.

Item 23. **Lack of transportation [PRAPARE Q15]:** Select all that apply in questions 23a – 23d to record whether lack of transportation has kept the participant from medical appointments, meetings, work, or from getting things needed for daily living.

- Select 23a) No if lack of transportation has not kept the participant from medical appointments, meetings, work, or from getting things needed for daily living.
- Select 23b) 'Yes, it has kept me from medical appointments or from getting my medications' if lack of transportation has kept the participant from medical appointments or from getting their medications.
- Select 23c) 'Yes, it has kept me from non-medical meetings, work, or from getting things that I need' if lack of transportation has kept the participant from medical appointments or from getting their medications.
- Select 23d) 'I choose not to answer this question' if the participant chooses not to answer this question.

Save and close the form.