Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail biolincc@imsweb.com. Include the Web site and filename in your message.

0925-0294
exp. 9/92

FTYPE NGHS Form 22
FREV Rev. 0 12/89

NHLBI GROWTH AND HEALTH STUDY

MY PROBLEMS

ID number of NGHS girl: ..... ___-___ ___ ___ ___- ___ RID

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... ___ VISIT

Date: ..... ___ ___ - ___ ___ - ___ ___
Month Day Year DO_FORM

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

We think this questionnaire will take about four minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington DC 20503.

0925-0294
exp. 9/92

NGHS Form 22
Rev. 0 12/89
2 Pages

NHLBI GROWTH AND HEALTH STUDY

MY PROBLEMS

ID						
NC						
VN						

The questions below ask about your feelings and thoughts during the last month. Please read each question carefully. Then check the box that best describes how often you felt or thought that way during the last month. Check only one box for each question.

	Never	Once in a while	Some-times	Often	Very often	
1. I was upset because of something that I didn't expect.	☐	☐	☐	☐	☐	ITEM1
2. I felt that I could not do something about important things.	☐	☐	☐	☐	☐	ITEM2
3. I felt nervous and like everybody was pushing me. ..	☐	☐	☐	☐	☐	ITEM3
4. I was able to solve annoying problems.	☐	☐	☐	☐	☐	ITEM4
5. I felt that I was able to handle big changes.	☐	☐	☐	☐	☐	ITEM5
6. I felt sure I could handle my personal problems.	☐	☐	☐	☐	☐	ITEM6

	Never	Once in a while	Some-times	Often	Very often	
7. I felt that things were going my way.	☐	☐	☐	☐	☐	ITEM7
8. I found that I could not handle all the things that I had to do.	☐	☐	☐	☐	☐	ITEM8
9. I was able to do something about the things that bothered me.	☐	☐	☐	☐	☐	ITEM9
10. I felt that I had finished everything I need to do.	☐	☐	☐	☐	☐	ITEM10

	Never	Once in a while	Some-times	Often	Very often	
11. I felt angry when things happened that I couldn't do anything about.	☐	☐	☐	☐	☐	ITEM11
12. I found myself thinking about things that I had to get done.	☐	☐	☐	☐	☐	ITEM12
13. I was able to do something about the way I spend my time.	☐	☐	☐	☐	☐	ITEM13
14. I felt that my problems were becoming so big that I could not handle them.	☐	☐	☐	☐	☐	ITEM14

Thanks for taking the time to answer these questions!

FTYPE
FREV

NGHS Form 22
Rev. 1 1/92

GROWTH AND HEALTH STUDY

MY PROBLEMS

ID number of NGHS girl: . . . . . ___-___ ___ RID ___-___

Name code of NGHS girl: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . ___ VISIT ___

Date: . . . . . ___ ___ - ___ ___ - ___ ___
Month Day Year

DO_FORM

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

GROWTH AND HEALTH STUDY

MY PROBLEMS

NGHS Form 22
Rev. 1 1/92
2 Pages

ID						
NC						
VN						

The questions below ask about your feelings and thoughts during the last month. Please read each question carefully. Then check the box that best describes how often you felt or thought that way during the last month. Check only one box for each question.

		Never	Once in a while	Some-times	Often	Very often	
1.	I was upset because of something that I didn't expect.	☐	☐	☐	☐	☐	ITEM1
2.	I felt that I could not do something about important things.	☐	☐	☐	☐	☐	ITEM2
3.	I felt nervous and like everybody was pushing me.	☐	☐	☐	☐	☐	ITEM3
4.	I was able to solve annoying problems.	☐	☐	☐	☐	☐	ITEM4
5.	I felt that I was able to handle big changes.	☐	☐	☐	☐	☐	ITEM5
6.	I felt sure I could handle my personal problems. . .	☐	☐	☐	☐	☐	ITEM6

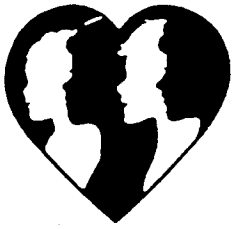
		Never	Once in a while	Some-times	Often	Very often	
7.	I felt that things were going my way.	☐	☐	☐	☐	☐	**ITEM7**
8.	I found that I could not handle all the things that I had to do.	☐	☐	☐	☐	☐	**ITEM8**
9.	I was able to do something about the things that bothered me.	☐	☐	☐	☐	☐	**ITEM9**
10.	I felt that I had finished everything I needed to do.	☐	☐	☐	☐	☐	**ITEM10**

		Never	Once in a while	Some-times	Often	Very often	
11.	I felt angry when things happened that I couldn't do anything about.	☐	☐	☐	☐	☐	**ITEM11**
12.	I found myself thinking about things that I had to get done.	☐	☐	☐	☐	☐	**ITEM12**
13.	I was able to do something about the way I spend my time.	☐	☐	☐	☐	☐	**ITEM13**
14.	I felt that my problems were becoming so big that I could not handle them.	☐	☐	☐	☐	☐	**ITEM14**

Thanks for taking the time to answer these questions.

FTYPE
FREV

NGHS Form 22
Rev. 2 3/94



GROWTH AND HEALTH STUDY

MY PROBLEMS

ID number of NGHS girl: . . . . . ___-___ ___ ___ ___-___

Name code of NGHS girl: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . ___ ___

Date: . . . . . ___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

GROWTH AND HEALTH STUDY

MY PROBLEMS

NGHS Form 22
Rev. 2 3/94
2 Pages

ID						
NC						
VN						

The questions below ask about your feelings and thoughts during the last month. Please read each question carefully. Then check the box that best describes how often you felt or thought that way during the last month. Check only one box for each question.

		Never	Once in a while	Some-times	Often	Very often	
1.	I was upset because of something that I didn't expect.	☐	☐	☐	☐	☐	**ITEM1**
2.	I felt that I could not do something about important things.	☐	☐	☐	☐	☐	**ITEM2**
3.	I felt nervous and like everybody was pushing me.	☐	☐	☐	☐	☐	**ITEM3**
4.	I was able to solve annoying problems.	☐	☐	☐	☐	☐	**ITEM4**
5.	I felt that I was able to handle big changes.	☐	☐	☐	☐	☐	**ITEM5**
6.	I felt sure I could handle my personal problems.	☐	☐	☐	☐	☐	**ITEM6**
7.	I felt that things were going my way.	☐	☐	☐	☐	☐	**ITEM7**

		Never	Once in a while	Some-times	Often	Very often	
8.	I found that I could not handle all the things that I had to do.	☐	☐	☐	☐	☐	**ITEM8**
9.	I was able to do something about the things that bothered me.	☐	☐	☐	☐	☐	**ITEM9**
10.	I felt that I had finished everything I needed to do.	☐	☐	☐	☐	☐	**ITEM10**
11.	I felt angry when things happened that I couldn't do anything about.	☐	☐	☐	☐	☐	**ITEM11**

		Never	Once in a while	Some-times	Often	Very often	
12.	I found myself thinking about things that I had to get done.	☐	☐	☐	☐	☐	**ITEM12**
13.	I was able to do something about the way I spend my time.	☐	☐	☐	☐	☐	**ITEM13**
14.	I felt that my problems were becoming so big that I could not handle them.	☐	☐	☐	☐	☐	**ITEM14**
15.	I worried that I didn't have enough money for the things I needed.	☐	☐	☐	☐	☐	**ITEM15**
16.	I worried that I will never have enough money for the things I need.	☐	☐	☐	☐	☐	**ITEM16**

Thanks for taking the time to answer these questions.