

Multi-Ethnic Study of Atherosclerosis

Exam 4



Health and Life

Self-Administered

Participant Id#:

Acrostic:

Date:

/

Month

Day

Year

This questionnaire asks about how you feel about your life. Things about people's lives may be important in understanding why they do or do not have health problems. Knowing about your feelings toward the following experiences may help us understand the causes of heart disease better. **Do not spend too much time on any one question, and remember that there are no right or wrong answers.** We are interested in your feelings and opinions.

This questionnaire has several parts to it. At the beginning of each part there are instructions. If you do not understand the instructions or do not understand one of the questions please ask a member of our staff, who will be glad to help you. Do not leave a question blank unless you are instructed to skip to another question. Thank you for filling out this questionnaire.

1 Below is a list of the ways you might have felt or behaved. Please indicate how often you felt this way **DURING THE PAST WEEK.**

| | Rarely or none of the time (Less than 1 Day) | Some or a little of the time (1-2 Days) | A moderate amount of the time (3-4 Days) | Most of the time (5-7 Days) |
|---|---|--|---|--------------------------------|
| A. I was bothered by things that don't usually bother me BOTHER4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. I did not feel like eating; my appetite was poor NOTEAT4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. I felt that I could not shake off the blues, even with help from my family and friends BLUE4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. I felt that I was just as good as other people ASGOOD4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. I had trouble keeping my mind on what I was doing CONCNTR4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. I felt depressed DEPRESS4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Rarely or none of the time (Less than 1 Day) | Some or a little of the time (1-2 Days) | A moderate amount of the time (3-4 Days) | Most of the time (5-7 Days) |
|---|--|--|---|-----------------------------------|
| G. I felt that everything I did was an effort EFFORT4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. I felt hopeful about the future HOPEFUL4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. I thought my life had been a failure LFFAIL4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. I felt fearful FEARFUL4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K. My sleep was restless BADSLP4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. I was happy HAPPY4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| M. I talked less than usual LESTALK4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely or none of the time (Less than 1 Day) | Some or a little of the time (1-2 Days) | A moderate amount of the time (3-4 Days) | Most of the time (5-7 Days) |
| N. I felt lonely LONELY4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| O. People were unfriendly UNFRNLY4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| P. I enjoyed life ENJLIFE4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q. I had crying spells CRYSPEL4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| R. I felt sad SAD4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| S. I felt that people dislike me DISLIKD4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| T. I could not "get going" GETGOIN4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2 Please read the following questions and mark the answer that best describes your life now.

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| Is there someone available to you whom you can count on to listen to you when you need to talk? TALKTO4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is there someone available to give you good advice about a problem? ADVICE4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is there someone available to you who shows you love and affection? AFFECTN4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is there someone available to help you with daily chores? HLPCHR4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? EMOSPT4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide? CONFIDE4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Hardly ever | Some of the time | Often |
|--|---------------------------|--------------------------|-----------------------|
| 3 How often do you feel that you lack companionship? LACKCMP4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 How often do you feel left out? LEFTOUT4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 How often do you feel isolated from others? ISOL4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Are you currently married or living with a partner? CURMAR4 | <input type="radio"/> Yes | <input type="radio"/> No | |

For MESA Field Center Use Only:

Completed by: Self-Administered Interviewer-Administered **HLFADM4**

Interviewer ID: **HLFIID4** Reviewer **HLFRID4** Data Entry **HLFDID4**