

Multi-Ethnic Study of Atherosclerosis



Stress 2 Study Form

Id#: _____

Acrostic: _____

Date:

Month

Day

Year

Section A: At-Home Data Collection Schedule

a Day 1 saliva:

 / /

Month

Day

Year

b Day 2 saliva:

 / /

Month

Day

Year

c Clinic return:

 / /

Month

Day

Year

Follow-up calls:

Pre-saliva reminder call

☐ Participant contacted


 / /

Month

Day

Year

☐ Participant not reachable

☐ No call needed (collection to start next day)

Clinic return reminder

☐ Participant contacted


 / /

Month

Day

Year

☐ Participant not reachable

☐ No call needed

Section B: DAILY COLLECTION SHEET DATA--Day 1 Times

Day 1 saliva:

 / /

Month

Day

Year

Today I went to work

YES NO
☐ ☐

Wakeup time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 1 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 2 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Breakfast finished

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 3 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 4 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 5 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Lunch time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 6 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 7 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Dinner time:

 : AM PM
(Hour) (Minute) ☐ ☐

Sample 8 time:

 : AM PM
(Hour) (Minute) ☐ ☐

Section C: DAILY COLLECTION SHEET DATA--Day 1 Ratings

We'd like to know if this was a typical day for you, compared to your usual workdays (or weekdays), in terms of how BUSY, PRESSURED, or STRESSED you felt. Which of the following options best describes your day? (please choose only one)

- ☐ Today was typical in terms of my workload and stress level
- ☐ Today I had a greater workload or felt more stressed than usual
- ☐ Today I had a lower workload or felt less stressed than usual

How much did you feel happy, excited, or content today? (please choose only one)

Not at all Somewhat Very Much Extremely

☐ ☐ ☐ ☐

How much did you feel worried, anxious, or fearful today? (please choose only one)

Not at all Somewhat Very Much Extremely

☐ ☐ ☐ ☐

Which of the following best describes how you slept last night? (please choose only one)

- ☐ I slept soundly and woke up feeling rested
- ☐ I had some trouble sleeping but slept through most of the night
- ☐ I did not sleep well, had trouble falling asleep or staying asleep

Did you notice any bleeding in your gums today?

Yes No

☐ ☐

Did you smoke today?

Yes No

☐ ☐

↓ If Yes:

If you smoked cigarettes, how many did you smoke?

Cigarettes

Section D: DAILY COLLECTION SHEET DATA--Day 2 Times

Day 2 saliva:

/ /

Month Day Year

Today I went to work

YES NO

☐ ☐

Wakeup time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 1 time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 2 time:

: AM PM

(Hour) (Minute) ☐ ☐

Breakfast finished

: AM PM

(Hour) (Minute) ☐ ☐

Sample 3 time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 4 time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 5 time:

: AM PM

(Hour) (Minute) ☐ ☐

Lunch time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 6 time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 7 time:

: AM PM

(Hour) (Minute) ☐ ☐

Dinner time:

: AM PM

(Hour) (Minute) ☐ ☐

Sample 8 time:

: AM PM

(Hour) (Minute) ☐ ☐

Section E: DAILY COLLECTION SHEET DATA--Day 2 Ratings

We'd like to know if this was a typical day for you, compared to your usual workdays (or weekdays), in terms of how BUSY, PRESSURED, or STRESSED you felt. Which of the following options best describes your day? (please choose only one)

- ☐ Today was typical in terms of my workload and stress level
- ☐ Today I had a greater workload or felt more stressed than usual
- ☐ Today I had a lower workload or felt less stressed than usual

How much did you feel happy, excited, or content today? (please choose only one)

Not at all Somewhat Very Much Extremely

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How much did you feel worried, anxious, or fearful today? (please choose only one)

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- ☐ I did not sleep well, had trouble falling asleep or staying asleep

Did you notice any bleeding in your gums today?

Yes No

☐ ☐

Did you smoke today?

Yes No

☐ ☐

↓ If Yes:

If you smoked cigarettes, how many did you smoke?

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Cigarettes

Section F: Hair Data Collection

Date of hair collection:

		/			/					
Month					Day					

Was hair sample successfully completed?

Yes No

☐ ☐

If No, why not?

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Section G: Staff Protocol Compliance Evaluation

1 2 3 4 5

☐ ☐ ☐ ☐ ☐

Excellent Poor

Interviewer ID

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Reviewer ID

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Data Entry ID

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