

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I did not feel like eating; my appetite was poor	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I felt that I was just as good as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I felt depressed	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. I thought my life had been a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. I talked less than usual	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. People were unfriendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. I felt that people dislike me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. I could not "get going"	<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?	<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?	<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?	<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?	<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)?	<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?	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Are you currently married or living with a partner?	<input type="radio"/> Yes	<input type="radio"/> No	

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Completed by: Self-Administered Interviewer-Administered

Interviewer ID: Reviewer Data Entry