

**Multi-Ethnic Study of Atherosclerosis
MESA Stress Supplemental Questionnaire**



**Health and Life
Self-Administered**

Participant Id#:

Acrostic:

Date: / /
Month Day Year

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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 these things 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.

For each of the following statements, please choose the one response that best describes you.

		Almost Never	Sometimes	Often	Almost Always
1	A. I am quick tempered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B. I have a fiery temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	C. I am a hotheaded person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	D. I get angry when I'm slowed down by others' mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exam 3 -- Health and Life Page 2

Id#:

For each of the following statements, please choose the one response that best describes you.

	Almost Never	Sometimes	Often	Almost Always
E. I feel annoyed when I am not given recognition for doing good work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I fly off the handle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. When I get mad, I say nasty things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. It makes me furious when I am criticized in front of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. When I get frustrated, I feel like hitting someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I feel infuriated when I do a good job and get a poor evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. I am a steady person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. I feel satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. I feel nervous and restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. I wish I could be as happy as others seem to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. I feel like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I get in a state of turmoil or tension as I think over my recent concerns and interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I feel secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. I lack self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. I feel inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. I worry too much over something that does not matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Many people experience ongoing problems in their everyday lives. Please tell us whether any of the following has been a problem for you.

2 a. Serious ongoing health problem (yourself) **Yes** **No**

IF YES:

b. Has this been a problem for six months or more? **Yes** **No**

- c. Would you say this problem has been
- Not very stressful
 - Moderately stressful
 - Very stressful

3 a. Serious ongoing health problem (someone close to you) **Yes** **No**

IF YES:

b. Has this been a problem for six months or more? **Yes** **No**

- c. Would you say this problem has been
- Not very stressful
 - Moderately stressful
 - Very stressful

4 a. Ongoing difficulties with your job or ability to work **Yes** **No**

IF YES:

b. Has this been a problem for six months or more? **Yes** **No**

- c. Would you say this problem has been
- Not very stressful
 - Moderately stressful
 - Very stressful

5 a. Ongoing financial strain **Yes** **No**

IF YES:

b. Has this been a problem for six months or more? **Yes** **No**

- c. Would you say this problem has been
- Not very stressful
 - Moderately stressful
 - Very stressful

6 a. Ongoing difficulties in a relationship with someone close to you **Yes** **No**

IF YES:

b. Has this been a problem for six months or more? **Yes** **No**

- c. Would you say this problem has been
- Not very stressful
 - Moderately stressful
 - Very stressful