



Health and Life

Id#: IDNO

Acrostic: ACROSTIC

Date:

Month	

Day			

Year			

HLFDT1

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	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	QKTEMPR1				
B.	I have a fiery temper	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	FRTEMPR1				
C.	I am a hotheaded person	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	HOTHEAD1				
D.	I get angry when I'm slowed down by others' mistakes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	ANGRY1				
E.	I feel annoyed when I am not given recognition for doing good work	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	ANNOYED1				
F.	I fly off the handle	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	FLYOFF1				
G.	When I get mad, I say nasty things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	NASTY1				
H.	It makes me furious when I am criticized in front of others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
	FURIOUS1				

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

		Almost Never	Sometimes	Often	Almost Always
I.	When I get frustrated, I feel like hitting someone FRUSHIT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
J.	I feel infuriated when I do a good job and get a poor evaluation INFURAT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
K.	I am a steady person STEADY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
L.	I feel satisfied with myself SATISF1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
M.	I feel nervous and restless NERVOUS1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
N.	I wish I could be as happy as others seem to be UNHAPPY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
O.	I feel like a failure FAILURE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
P.	I get in a state of turmoil or tension as I think over my recent concerns and interests TURMOIL1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Q.	I feel secure SECURE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
R.	I lack self-confidence NOCONF1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
S.	I feel inadequate INADEQT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
T.	I worry too much over something that does not matter WORRY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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) 1 Yes 0 No
IF YES: **HPRB1PT1**
 b. Has this been a problem for six months or more? 1 Yes 0 No
HPRB2PT1
 c. Would you say this problem has been **HPRB3PT1**
 1 Not very stressful
 2 Moderately stressful
 3 Very stressful

[Empty box for ID number]

3 a. Serious ongoing health problem (someone close to you) **HPRB1OT1** 1 Yes 0 No

IF YES:

b. Has this been a problem for six months or more? **HPRB2OT1** 1 Yes 0 No

c. Would you say this problem has been **HPRB3OT1**
1 Not very stressful
2 Moderately stressful
3 Very stressful

4 a. Ongoing difficulties with your job or ability to work **JOB1PRB1** 1 Yes 0 No

IF YES:

b. Has this been a problem for six months or more? **JOB2PRB1** 1 Yes 0 No

c. Would you say this problem has been **JOB3PRB1**
1 Not very stressful
2 Moderately stressful
3 Very stressful

5 a. Ongoing financial strain **MON1PRB1** 1 Yes 0 No

IF YES:

b. Has this been a problem for six months or more? **MON2PRB1** 1 Yes 0 No

c. Would you say this problem has been **MON3PRB1**
1 Not very stressful
2 Moderately stressful
3 Very stressful

6 a. Ongoing difficulties in a relationship with someone close to you **REL1PRB1** 1 Yes 0 No

IF YES:

b. Has this been a problem for six months or more? **REL2PRB1** 1 Yes 0 No

c. Would you say this problem has been **REL3PRB1**
1 Not very stressful
2 Moderately stressful
3 Very stressful

7 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 BOTHER1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
B.	I did not feel like eating; my appetite was poor NOTEAT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
C.	I felt that I could not shake off the blues, even with help from my family and friends BLUE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
D.	I felt that I was just as good as other people ASGOOD1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
E.	I had trouble keeping my mind on what I was doing CONCNTR1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
F.	I felt depressed DEPRESS1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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 EFFORT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
H.	I felt hopeful about the future HOPEFUL1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I.	I thought my life had been a failure LFFAIL1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
J.	I felt fearful FEARFUL1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
K.	My sleep was restless BADSLP1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
L.	I was happy HAPPY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
M.	I talked less than usual LESTALK1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
N.	I felt lonely LONELY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
O.	People were unfriendly UNFRNLY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
P.	I enjoyed life ENJLIFE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Q.	I had crying spells CRYSPEL1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Below is a list of the ways you might have felt or behaved. Please tell me 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)
R.	I felt sad SAD1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
S.	I felt that people dislike me DISLIKD1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
T.	I could not "get going" GETGOIN1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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
8	Is there someone available to you whom you can count on to listen to you when you need to talk? TALKTO1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
9	Is there someone available to give you good advice about a problem? ADVICE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
10	Is there someone available to you who shows you love and affection? AFFECTN1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
11	Is there someone available to help you with daily chores? HLPCHR1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
12	Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? EMOSPT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
13	Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide? CONFIDE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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Now we would like to ask you a few questions about situations where you might have felt that you had been treated unfairly.

14 a. Do you think you have ever been unfairly fired or denied a promotion? 1 Yes 0 No **UF1FIRE1**

b. IF YES: What was the main reason? (Choose one)

- UF2FIRE1**
- | | |
|---|---|
| <input type="radio"/> 1 Race or Ethnicity | <input type="radio"/> 5 Physical Appearance |
| <input type="radio"/> 2 Gender | <input type="radio"/> 6 Sexual Orientation |
| <input type="radio"/> 3 Age | <input type="radio"/> 7 Income level/Social Class |
| <input type="radio"/> 4 Religion | <input type="radio"/> 8 Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3FIRE1**

15 a. For unfair reasons, do you think you have ever not been hired for a job? 1 Yes 0 No **UF1HIRE1**

b. IF YES: What was the main reason? (Choose one)

- UF2HIRE1**
- | | |
|---|---|
| <input type="radio"/> 1 Race or Ethnicity | <input type="radio"/> 5 Physical Appearance |
| <input type="radio"/> 2 Gender | <input type="radio"/> 6 Sexual Orientation |
| <input type="radio"/> 3 Age | <input type="radio"/> 7 Income level/Social Class |
| <input type="radio"/> 4 Religion | <input type="radio"/> 8 Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3HIRE1**

16 a. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police? 1 Yes 0 No **UF1STOP1**

b. IF YES: What was the main reason? (Choose one)

- UF2STOP1**
- | | |
|---|---|
| <input type="radio"/> 1 Race or Ethnicity | <input type="radio"/> 5 Physical Appearance |
| <input type="radio"/> 2 Gender | <input type="radio"/> 6 Sexual Orientation |
| <input type="radio"/> 3 Age | <input type="radio"/> 7 Income level/Social Class |
| <input type="radio"/> 4 Religion | <input type="radio"/> 8 Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3STOP1**

17 a. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education? 1 Yes 0 No **UF1EDUC1**

b. IF YES: What was the main reason? (Choose one)

- UF2EDUC1**
- | | |
|---|---|
| <input type="radio"/> 1 Race or Ethnicity | <input type="radio"/> 5 Physical Appearance |
| <input type="radio"/> 2 Gender | <input type="radio"/> 6 Sexual Orientation |
| <input type="radio"/> 3 Age | <input type="radio"/> 7 Income level/Social Class |
| <input type="radio"/> 4 Religion | <input type="radio"/> 8 Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3EDUC1**

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Id#:

18 a. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment? 1 Yes 0 No **UF1MOVE1**

b. IF YES: What was the main reason? (Choose one)

- UF2MOVE1**
- | | |
|---|---|
| 1 <input type="radio"/> Race or Ethnicity | 5 <input type="radio"/> Physical Appearance |
| 2 <input type="radio"/> Gender | 6 <input type="radio"/> Sexual Orientation |
| 3 <input type="radio"/> Age | 7 <input type="radio"/> Income level/Social Class |
| 4 <input type="radio"/> Religion | 8 <input type="radio"/> Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3MOVE1**

19 a. Have you ever moved into a neighborhood where neighbors made life difficult for you or your family? 1 Yes 0 No **UF1NGHB1**

b. IF YES: What was the main reason? (Choose one)

- UF2NGHB1**
- | | |
|---|---|
| 1 <input type="radio"/> Race or Ethnicity | 5 <input type="radio"/> Physical Appearance |
| 2 <input type="radio"/> Gender | 6 <input type="radio"/> Sexual Orientation |
| 3 <input type="radio"/> Age | 7 <input type="radio"/> Income level/Social Class |
| 4 <input type="radio"/> Religion | 8 <input type="radio"/> Other |

c. Did this happen in the last 12 months? 1 Yes 0 No **UF3NGHB1**

In your day-to-day life how often have any of the following things happened to you?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
20 A. You are treated with less courtesy than other people CURTESY1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
B. You are treated with less respect than other people RESPECT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
C. You receive poorer service than other people at restaurants or stores SERVICE1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
D. People act as if they think you are not smart SMART1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
E. People act as if they are afraid of you AFRAID1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

In your day-to-day life how often have any of the following things happened to you?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
F. People act as if they think you are dishonest DISHON1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
G. People act as if they're better than you BETTER1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
H. You are called names or insulted INSULT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
I. You are threatened or harassed THREAT1	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

For the next two questions, please choose the one best answer.

- 21** a. If you feel you've been treated unfairly, do you usually: **UF1RESP1**
- 1 Accept it as a fact of life 2 Try to do something about it
- b. And if you feel you've been treated unfairly, do you usually: **UF2RESP1**
- 1 Talk to other people about it 2 Keep it to yourself

For MESA Field Center Use Only:

Completed by: 1 Self-Administered 2 Interviewer-Administered **HLFADM1**

Interviewer or Reviewer ID: HLFTID1 Data Entry ID: HLFDID1