

**Multi-Ethnic Study of Atherosclerosis
MESA Stress 2 Supplemental Questionnaire**



Health and Life Supplement
Self-Administered

Participant Id#:

Stress Id#:

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 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.

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
1	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"/>
2	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"/>
3	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"/>
4	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"/>
5	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"/>
6	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"/>

MESA Stress 2 -- Health and Life Supplement

Id#:

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.

		Never	Almost never	Sometimes	Fairly often	Often
7	In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	In the last month, how often have you felt confident in your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following list is made up of statements which may or may not be true about you or with which you may or may not agree. For each statement please mark *Probably True* if the statement is generally true about you or if you agree with the statement. Mark *Probably False* if the statement generally is not true about you or if you disagree with the statement. Please read each item quickly but carefully before responding. Remember this is not a test so there are no right or wrong answers.

		Probably True	Probably False
17	I think most people would lie to get ahead.	<input type="radio"/>	<input type="radio"/>
18	Most people inwardly dislike putting themselves out to help other people.	<input type="radio"/>	<input type="radio"/>
19	Most people make friends because friends are likely to be useful to them.	<input type="radio"/>	<input type="radio"/>
20	It is safer to trust nobody.	<input type="radio"/>	<input type="radio"/>
21	No one cares much what happens to you.	<input type="radio"/>	<input type="radio"/>
22	Most people are honest chiefly through fear of being caught.	<input type="radio"/>	<input type="radio"/>
23	I commonly wonder what hidden reasons another person may have for doing something nice to me.	<input type="radio"/>	<input type="radio"/>
24	Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.	<input type="radio"/>	<input type="radio"/>

Please tell us how often you feel this way

		Often	Some of the time	Hardly ever
25	How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions have to do with family finances. We know from other research that financial strain is common and very important to consider in understanding people's health. The following questions will be used to help give us a picture of the various financial situations experienced by persons participating in the MESA study. Any information you provide is strictly confidential and will be used for research purposes only.

28 This question is about the house or apartment where you live. Do you:

- ☐ Rent
- ☐ Pay a mortgage
- ☐ Own free and clear
- ☐ Have other living arrangements

29 Do you or your family have investments such as stocks, bonds, mutual funds, retirement investments, or other investments?

- ☐ Yes
- ☐ No

30 Do you or your family own any land, business property, apartments, or houses other than the one in which you now live?

- ☐ Yes, own
- ☐ Currently buying
- ☐ No

31 Do you or your family own a car?

- ☐ Yes, 1 car
- ☐ Yes, more than 1 car
- ☐ No