# Multi-Ethnic Study of Atherosclerosis Exam 2



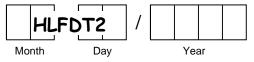
#### Health and Life

**Self-Administered** 

Participant Id#: Idno

Acrostic: Acrostic

Date:



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.

Please read the following statements about yourself and indicate how much the statement describes the way you usually are. Choose one answer per question.

1	In uncertain times, I usually
	expect the best

- 2 If something can go wrong for me, it will
- 3 I'm always optimistic about my future
- 4 I hardly ever expect things to go my way
- 5 I rarely count on good things happening to me
- 6 Overall I expect more good things to happen to me than bad

A lot like me	Som ewhat like me	A little like me	Not at all like me
o expb	2 O PS <b>†2</b>	3	4 O
ogowro	ong2 0	3	4 O
optm:	<sup>2</sup> 0	O 3	4
o notmy	² o ywy2	3	4 O
$\overset{1}{\circ}$ good:	-hn2 <sup>2</sup>	3	4
o mreg	2 0	3 O	4

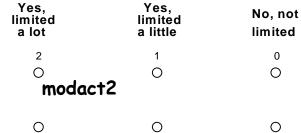
7 In general, would you say your health is:

#### genhel2

Excellent	O Very Good	○ Good	O Fair	O Poor
1	2	3	4	5

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf



g Climbing several flights of stairs



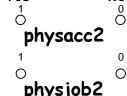
During the past 4 weeks, have you had any of the following problems with your work or

Yes No

11 You were limited in the kind of work you do or other regular daily activities.

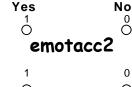
other regular daily activities as a result of your physical health?

You accomplished less than you would have liked to.



During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any **emotional problems** (such as feeling depressed or anxious)?

12 You accomplished less than you would have liked to.



13 You were limited in the kind of work or other activities.



During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?



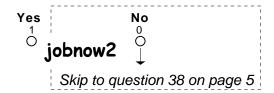
10

These questions are about how you feel and how things have been with you during the past 4 weeks.

		None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
15	Have you felt calm and peaceful?	calr	<b>n2</b> $\overset{2}{\circ}$	3	4 O	5 O	6 O
16	Did you have a lot of energy?	1	2	3 O	4 O	5 O	6 O
17	Have you felt downhearted and blue?	0	rgy2 0 1hrt2	3 O	<sup>4</sup> O	5 O	6 O
18	How much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	o noso	ocal2	3 O	4	5 O	6 O

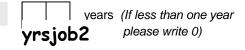
The following questions are for persons who are currently employed or self employed at a job for pay full or part time.

Are you currently employed or self-employed at a job for pay?



Things about people's jobs may be important to their health. We would like to ask you some things about what your job is like.

20 How long have you been at your current job?



For the following questions, please choose the closest answer:

21	My job requires that I learn new things
22	My job involves a lot of repetitive work
23	My job requires me to be creative
24	My job allows me to make a lot of

decisions on my own

Never/ almost never	Seldom	Sometimes	Often
† jblear	2 O	3 O	4 O
0	2 O	3 O	4
jbrepo 0 jbcreo	()	3 O	4 O
o jbdec	2 O	3 O	4 O

Exam 2 -- Health and Life Page 4 Never/ almost Seldom Sometimes Often never 2 3 My job requires a high level of skill 25 Ö jbskill2 On my job, I have very little freedom to 26 2 O 3 4 decide how I do my work jbfree2 I get to do a variety of different things 27 3 4 2 on my job jbvrty2 I have a lot to say about what happens 28 2 O 3 4 on my job jbsay2 29 I have an opportunity to develop my 3 4 2 O own special abilities jbabltv2 2 O 3 4 My job requires working very fast Ó 30 jbfast2 4 3 My job requires working very hard 31 jbhard2 3 O 4 32 I am asked to do an excessive amount of work jbnowrk2 3 4 2 O I have enough time to get the job done 33 jbtime2 I am free from conflicting demands that 34 3 4 others make ibdemnd2 My job security is good 35 jbsecur2 3 Agree Strongly Strongly **Ó** Disagree disagree agree How steady is your work? 36 jbstead2 2 3 **Both seasonal** Regular Frequent ○ Seasonal 0 and frequent Other and steady lavoffs layoffs Sometimes people permanently lose jobs they want to keep. How likely is it that during **37** the next couple of years you will lose your present job with your employer? jbfire2

likely

Somewhat

Not at all

likely

0

Not too

likely

Very

likely

The following questions refer to activities you may or may not do. For each question, please choose the closest answer:

How often do you attend religious services or otherwise participate in organized religion (such as watching services on TV, listening to services on the radio, participating in Bible study groups, etc.)?

Never	Once or twice a year	Monthly	Weekly	Daily
1	2	3 O	4	5 O
gor	elgn2			

Within your religious or spiritual tradition, how often do you pray or meditate?

1 0 med	²  tate2	3	4	5 O
Med	iiuiez			

Please consider if and how often you have these experiences, and try to disregard whether you feel you should or should not have them. In addition, a number of items use the word "God". If you prefer, please substitute another idea or word that calls to mind the divine or holy for you (e.g. Buddha). Please tell us how often you feel or experience the following things by checking the closest answer.

40	I feel God's presence		nce in while	Some days	Most days 4	Every day 5	Many times a day	Don't know/ no response
41	I find strength and comfort in my religion	o relco	<sup>2</sup> <b>mf2</b>	3 O	4	5 O	6	7
42	I feel deep inner peace or harmony	o harm	° ony2	3 O	4 O	5 O	6	7 O
43	I feel God's love for me, directly or through others	odlo	° 0 ve2	3 O	4	5	6	, 0
44	I am spiritually touched by the beauty of creation	o creat	<sup>2</sup> Orion2	3 O	4	5 O	6	, O
45	I desire to be closer to God	1 O Yes close	° O N god2	9 O	Don't know/ no response			

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** 

**Probably** 

		True	False
46	I think most people would lie to get ahead	o liesucd2	0
47	Most people inwardly dislike putting themselves out to help other people	1	°
48	Most people make friends because friends are likely to be useful to them	helpoth2 <sup>1</sup> usefrnd2	0
49	It is safer to trust nobody	o notrust2	0
50	No one cares much what happens to you	1 O nocare2	0
51	Most people are honest through fear of being caught	† † fearlie2	0
52	I commonly wonder what hidden reasons another person may have for doing something nice for me	o hidrsns2	0
53	Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it	o unfair2	ô

For MESA Field Cer	nter Use O <b>hlf</b>	loc2 Completed	at: O Hor	ne	O Clinic	
	hlfa	dm2 Completed	O Self	-Administered	O Interview	er-Administer
Interviewer ID:	hlfiid2	Reviewer	hlfrid2	Data Entry	hlfdid2	