

**Multi-Ethnic Study of Atherosclerosis
Exam 5**



**Health and Life
Self-Administered**

Participant Id#:

Acrostic:

Interviewer or Reviewer ID:

Date: / /
Month Day Year

This questionnaire asks about how you feel about your life and where you live. 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.

1

For each of the statements below, please indicate whether you agree or disagree by selecting the best response. In answering these questions, please think of your neighborhood as the area within about a 20 minute walk (or about a mile) from your home.

	Strongly agree	Agree	Neutral (neither agree nor disagree)	Disagree	Strongly disagree
A. People in this neighborhood are willing to help their neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. People in this neighborhood don't get along	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. People in this neighborhood can be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. People in this neighborhood do not share the same values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I feel safe walking in this neighborhood, day or night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Violence is a problem in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. My neighborhood is safe from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. A large selection of fresh fruits/vegetables is available in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Id#:

	Strongly agree	Agree	Neutral (neither agree nor disagree)	Disagree	Strongly disagree
I. A large selection of low fat foods is available in my neighborhood (examples: low-fat dairy, and lean or extra-lean ground meat and poultry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. The fresh fruits and vegetables in my neighborhood are of high quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. There are many opportunities to purchase fast foods in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Food stores in my neighborhood sell whole-grain foods such as whole-wheat bread.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Food stores in my neighborhood sell low-salt packaged foods(examples: low-salt canned soup, and canned tomatoes without salt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. It is pleasant to walk in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. In my neighborhood it is easy to walk places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I often see other people walking in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I often see other people exercise in my neighborhood, for example jogging, bicycling, or playing sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. There is a lot of trash and litter on the street in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. There is a lot of noise in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. In my neighborhood the buildings and homes are well maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. My neighborhood is attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 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.**

Note: CESD Items in gray are needed by an ancillary study under review, but could be dropped from main MESA

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"/>
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"/>
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"/>

	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	<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"/>

3 What is your marital status?

- Married/Living as married/Living with partner
- Widowed
- Divorced
- Separated
- Never married
- Prefer not to answer

4 For each question, please choose the best option.

	A lot	Some	A Little	Not At All
A. How much can you rely on friends and family for help if you have a serious problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. How much can you open up to them if you need to talk about your worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
C. How often do members of your family or friends make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. How often do they let you down when you are counting on them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 The following questions ask you about tyour feelings and thoughts during the last month. In each case, please tell me how often you felt this way **DURING THE PAST MONTH.**

	Never	Almost Never	Sometimes	Fairly Often	Very Often
A. 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"/>
B. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. 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"/>
D. 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"/>

For MESA Field Center Use Only:

Completed by: Self-Administered Interviewer-Administered