

<b>PARTICIPANT ID</b> <input type="text"/> Y1PPTID	<b>DATE</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Y1DATE	<b>STAFF ID</b> <input type="text"/> <input type="text"/> <input type="text"/> Y1STAFID	<b>VISIT</b> BASELINE
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# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

**PLEASE NOTE:** Information obtained as part of this study is strictly confidential and will be used only for research purposes. It will not be shared with the VA.

### **MARKING INSTRUCTIONS:**

1. Please use a black pen.
2. Mark selection boxes with an X (not a check mark).
3. Mark only one box for each question, unless the directions tell you differently.
4. Use ALL CAPITAL LETTERS when writing words.

### **WHAT WE ARE ASKING YOU TO DO:**

- Please answer the questions on the following pages as completely as you can. Read the questions carefully.
- If you don't understand some of the questions, leave those questions blank. We can help you finish filling out the form.
- Take your time.
- Some questions have arrows that will help you find the next question. For example, a person who drinks 3 glasses of milk every day would answer the question below as follows:

**EXAMPLE:**

Do you drink milk every day or almost every day? (MARK ONE BOX)

1  Yes      2  No      3  Don't Know

If you had answered "NO" or "DON'T KNOW", then you would go to the next question.



PARTICIPANT ID

# HEART AND SOUL STUDY HEALTH AND PERSONAL HISTORY

8. What is your Social Security Number?

-**Y1SSN**

9. What is your Medicare number? (if any)

-**Y1MEDNO**-

10. Please write down the following information for two persons who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people do not have to live near you.

**Contact person number one:**

First Name

MI Last Name

**Y1C1FNM****Y1C1MI****Y1C1LNM**

Street Number

Street Name

Apt Number

**Y1C1STNO****Y1C1STNM****Y1C1APNO**

City

State

Zip Code

Home Phone

**Y1C1CITY****Y1C1STAT****Y1C1ZIP**-**Y1C1HMPH**

(area code)

How is the contact person above related to you? **Y1C1REL**

- 1** My son or daughter       **3** My niece or nephew       **5** Friend/ neighbor
- 2** My brother or sister       **4** My grandchild       **6** Someone else

**Contact person number two:**

First Name

MI Last Name

**Y1C2FNM****Y1C2MI****Y1C2LNM**

Street Number

Street Name

Apt Number

**Y1C2STNO****Y1C2STNM****Y1C2APNO**

City

State

Zip Code

Home Phone

**Y1C2CITY****Y1C2STAT****Y1C2ZIP**-**Y1C2HMPH**

(area code)

How is the contact person above related to you? **Y1C2REL**

- 1** My son or daughter       **3** My niece or nephew       **5** Friend/ neighbor
- 2** My brother or sister       **4** My grandchild       **6** Someone else

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

11. Do you have a doctor or place that you usually go to for health care advice outside of the VA?

0 Yes       1 No

**Y1DOCTOR**

Please go to question 12

**IF YES**, please write down the name, address and telephone number of the doctor or place that you usually go to for your health care:

First Name	MI	Last Name
<input type="text" value="Y1DFNM"/>	<input type="text" value="Y1DMI"/>	<input type="text" value="Y1DLNM"/>
Street Number	Street Name	Suite/Room
<input type="text" value="Y1DSTNO"/>	<input type="text" value="Y1DSTNM"/>	<input type="text" value="Y1DSUIT"/>
City	State	Zip Code
<input type="text" value="Y1DCITY"/>	<input type="text" value="Y1DSTATE"/>	<input type="text" value="Y1DZIP"/>
		Phone
		<input type="text" value="Y1DPH_"/> - <input type="text"/>
		<small>(area code)</small>

12. What is your current marital status? (PLEASE MARK ONE BOX) **Y1MARIT**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Married or permanent partnership | <input type="checkbox"/> 4 Divorced      |
| <input type="checkbox"/> 2 Widowed                          | <input type="checkbox"/> 5 Never married |
| <input type="checkbox"/> 3 Separated                        |  |

13. What is the highest level of education that you have completed? (PLEASE MARK ONE BOX)

- 0 No formal schooling      **Y1EDU**
- 1 5th grade or less
- 2 6th to 8th grade
- 3 9th to 11th grade
- 4 High school graduate (grade 12) or equivalent
- 5 Some college, vocational school, or junior college (including A.A. degree)
- 6 College degree (4 year)
- 7 Graduate or professional degree





# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

25. Did either your father or your mother have a heart attack before the age of 50? **Y1FAMHX1**

Yes, father  
**Y1FAHX1A**

Yes, mother  
**Y1FAHX1B**

No  
**Y1FAHX1C**

Don't know  
**Y1FAHX1D**

26. Have any of your brothers or sisters had a heart attack before the age of 50? **Y1FAMHX2**

Yes

No

Don't Know

I don't have any siblings

27. Compared to other people your own age, how would you rate your overall health?

Excellent **Y1HLTH**

Very Good

Good

Fair

Poor

28. Compared to other people your own age, how would you rate your overall quality of life?

Excellent **Y1QLTY**

Very Good

Good

Fair

Poor

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

29. Overall, which **one** of the following statements best describes the symptoms associated with your heart condition: **Y1ANG1**

- 1** I have no limitation of physical activity. Ordinary physical activity does not cause fatigue, shortness of breath or chest pain.
- 2** I have slight limitation of physical activity. Ordinary physical activity results in fatigue, shortness of breath or chest pain.
- 3** I have marked limitation of physical activity. Less than ordinary activity causes fatigue, shortness of breath or chest pain.
- 4** I am unable to engage in any physical activity without discomfort. Fatigue, shortness of breath or chest pain may be present even at rest.

### ANGINA

30. Over the past four weeks, on average, how many times have you had **chest pain, chest tightness, or angina?** **Y1ANG2**

- 6** None over the past 4 weeks
- 5** Less than once a week
- 4** 1-2 times per week
- 3** 3 or more times per week but not every day
- 2** 1-3 times per day
- 1** 4 or more times per day

31. Over the past four weeks, how many times have you had to take nitroglycerin (nitroglycerin tablets or spray) for your **chest pain, chest tightness, or angina?**

**Y1ANG3**

- 6** None over the past 4 weeks
- 5** Less than once a week
- 4** 1-2 times per week
- 3** 3 or more times per week but not every day
- 2** 1-3 times per day
- 1** 4 or more times per day



# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

32. Over the past four weeks, how many times has your **chest pain, chest tightness, or angina** limited your enjoyment of life?

**Y1ANG4**

- 5 I don't have angina or it has not limited my enjoyment of life
- 4 It has barely limited my enjoyment of life
- 3 It has slightly limited my enjoyment of life
- 2 It has moderately limited my enjoyment of life
- 1 It has severely limited my enjoyment of life

33. If you had to spend the rest of your life with the same level of chest pain, chest tightness, or angina that you have right now, how would you feel about this? **Y1ANG5**

- 1 Not satisfied at all
- 2 Mostly dissatisfied
- 3 Somewhat satisfied
- 4 Mostly satisfied
- 5 Completely satisfied

34. How often do you think or worry that you may have a heart attack or die suddenly? **Y1ANG6**

- 5 I never think or worry about it
- 4 I rarely think or worry about it
- 3 I occasionally think or worry about it
- 2 I often think or worry about it
- 1 I can't stop thinking or worrying about it

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

35. Please go over the activities listed below and indicate how much limitation you have had **due to chest pain, chest tightness, or angina** over the past 4 weeks. Please mark with an **X** only one box for each statement.

	Not at all limited	A little limited	Moderately limited	Quite a bit limited	Severely limited	Limited for other reasons or did not do the activity
a. Dressing yourself <span style="float: right;"><b>Y1ANG7A</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b. Walking indoors on level ground <span style="float: right;"><b>Y1ANG7B</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
c. Showering <span style="float: right;"><b>Y1ANG7C</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
d. Climbing a hill or a flight of stairs without stopping <span style="float: right;"><b>Y1ANG7D</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
e. Gardening, vacuuming, or carrying groceries <span style="float: right;"><b>Y1ANG7E</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
f. Walking more than a block at a brisk pace <span style="float: right;"><b>Y1ANG7F</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
g. Running or jogging <span style="float: right;"><b>Y1ANG7G</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
h. Lifting or moving heavy objects (e.g., furniture, children) <span style="float: right;"><b>Y1ANG7H</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9
i. Participating in strenuous sports <span style="float: right;"><b>Y1ANG7I</b></span>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### MEDICATIONS

Please mark one selection box with an X for each question.

36. In the past month, how often did you FORGET to take one or more of your prescribed medications? **Y1MEDIC1**

- 0 Never
- 1 Once in the last month
- 2 2 to 3 times in the last month
- 3 About once per week
- 4 Several times per week
- 5 Nearly every day

37. In the past month, how often did you DECIDE TO SKIP one or more of your medications because you were FEELING ILL? **Y1MEDIC2**

- 0 Never
- 1 Once in the last month
- 2 2 to 3 times in the last month
- 3 About once per week
- 4 Several times per week
- 5 Nearly every day

38. In the past month, how often did you DECIDE TO SKIP one or more of your medications because you were FEELING GOOD? **Y1MEDIC3**

- 0 Never
- 1 Once in the last month
- 2 2 to 3 times in the last month
- 3 About once per week
- 4 Several times per week
- 5 Nearly every day

39. In the past month, how often did you DECIDE TO SKIP one or more of your medications for ANY OTHER REASON? **Y1MEDIC4**

- 0 Never
- 1 Once in the last month
- 2 2 to 3 times in the last month
- 3 About once per week
- 4 Several times per week
- 5 Nearly every day

40. Overall, in the past month, how often did you take your medications as the doctor prescribed?

- 0 Less than half of the time **Y1MEDIC5**
- 1 About half of the time (~50%)
- 2 Most of the time (~75%)
- 3 Nearly all of the time (~90%)
- 4 All of the time

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# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### MARKING INSTRUCTIONS:

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### MOOD

41. During the PAST MONTH, have you OFTEN been bothered by feeling down, depressed or hopeless?

Yes       No

Y1MOOD  
1

42. During the PAST MONTH, have you OFTEN been bothered by little interest or pleasure in doing things?

Yes       No

Y1MOOD2

43. In your life, have you ever had 2 weeks or longer when nearly every day you felt sad, blue, or depressed, or lost interest in most things like work, hobbies, and other things you usually enjoyed?

Yes       No →

Please go to question 46

Y1MOOD3

44. During the past year, have you felt this way nearly every day for 2 weeks or longer?

Yes       No →

Please go to question 46

Y1MOOD4

45. During the past month, have you felt this way nearly every day for 2 weeks or longer?

Yes       No

Y1MOOD  
5

**PPQ**

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things. <b>Y1PPQA</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
b. Feeling down, depressed, or hopeless. <b>Y1PPQB</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
c. Trouble falling or staying asleep, or sleeping too much. <b>Y1PPQC</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
d. Feeling tired or having little energy. <b>Y1PPQD</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
e. Poor appetite or overeating. <b>Y1PPQE</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down. <b>Y1PPQF</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television. <b>Y1PPQG</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual. <b>Y1PPQH</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
i. Thoughts that you would be better off dead or hurting yourself in some way. <b>Y1PPQI</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>

# HEART AND SOUL STUDY

## *HEALTH AND PERSONAL HISTORY*

**PANAS**

47. This scale consists of a number of words that describe different feelings and emotions. Please indicate to what extent you have felt each of the following **DURING THE PAST WEEK**. Please mark with an **X** only one box for each word.

	Not at all	A little	Moderately	Quite a bit	Extremely
a. Attentive <b>Y1PANASA</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
b. Interested <b>Y1PANASB</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
c. Excited <b>Y1PANASC</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
d. Strong <b>Y1PANASD</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
e. Enthusiastic <b>Y1PANASE</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
f. Determined <b>Y1PANASF</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
g. Proud <b>Y1PANASG</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
h. Inspired <b>Y1PANASH</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
i. Active <b>Y1PANASI</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>
j. Alert <b>Y1PANASJ</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/>

# HEART AND SOUL STUDY

## *HEALTH AND PERSONAL HISTORY*

**CES-D**

48. Below is a list of ways you might have felt or behaved. Please tell me how often you have felt this way **DURING THE PAST WEEK.** Please mark only one box for each question.

<b>DURING THE PAST WEEK:</b>	<b>Rarely or none of the time</b>	<b>Some of the time</b>	<b>Much of the time</b>	<b>Most or all of the time</b>
a. I felt depressed. <b>Y1CESDA</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
b. I felt that everything I did was an effort. <b>Y1CESDB</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
c. My sleep was restless. <b>Y1CESDC</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
d. I was happy. <b>Y1CESDD</b>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="0"/>
e. I felt lonely. <b>Y1CESDE</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
f. People were unfriendly. <b>Y1CESDF</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
g. I enjoyed life. <b>Y1CESDG</b>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="0"/>
h. I felt sad. <b>Y1CESDH</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
i. I felt that people disliked me. <b>Y1CESDI</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>
j. I could not get "going". <b>Y1CESDJ</b>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>





# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

55a. At the top of this ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people in your community.

**Y1LADDR1**

(For research staff only)

55b. Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are the best off--those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are worst off--who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand, relative to other people in the United States.

**Y1LADDR2**

(For research staff only)

**ISEL**

56. For each statement, please mark with an **X**:

- "**definitely false**" if you are sure the statement is false about you,
- "**probably false**" if you think it is false, but are not absolutely certain,
- "**probably true**" if you think it is true but are not absolutely certain, and
- "**definitely true**" if you are sure the statement is true about you.

<b>Place an X in one box for each statement</b>	<b>Definitely False</b>	<b>Probably False</b>	<b>Probably True</b>	<b>Definitely True</b>
a. If I wanted to go on a trip for a day (e.g., to the country or mountains), I would have a hard time finding someone to go with me. <b>Y1ISELA</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b. I feel that there is no one I can share my most private worries and fears with. <b>Y1ISELB</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
c. If I were sick, I could easily find someone to help me with my daily chores. <b>Y1ISELC</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. There is someone I can turn to for advice about handling problems with my family. <b>Y1ISELD</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. <b>Y1ISELE</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to. <b>Y1ISELF</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I don't often get invited to do things with others. <b>Y1ISELG</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.). <b>Y1ISELH</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

<b>Place an X in one box for each statement</b>	<b>Definitely False</b>	<b>Probably False</b>	<b>Probably True</b>	<b>Definitely True</b>
i. If I wanted to have lunch with someone, I could easily find someone to join me. <span style="float: right;"><b>Y1ISELI</b></span>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me. <span style="float: right;"><b>Y1ISELJ</b></span>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. <span style="float: right;"><b>Y1ISELK</b></span>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. <span style="float: right;"><b>Y1ISELL</b></span>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/>

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### COOK-MEDLEY

57. Read each statement and decide whether it is true or false as applied to you. If a statement is **TRUE** or **MOSTLY TRUE**, mark with an **X** the box in the **TRUE** column. If a statement is **FALSE** or **MOSTLY FALSE**, mark with an **X** the box in the **FALSE** column. Remember to give **YOUR OWN** opinion.

	TRUE	FALSE
a. I think most people would lie to get ahead. <span style="float: right;">Y1COOKA</span>	<input type="checkbox"/>	<input type="checkbox"/>
b. Most people are honest chiefly through fear of getting caught. <span style="float: right;">Y1COOKB</span>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it. <span style="float: right;">Y1COOKC</span>	<input type="checkbox"/>	<input type="checkbox"/>
d. Some of my family have habits that bother and annoy me very much. <span style="float: right;">Y1COOKD</span>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't blame people for trying to grab everything they can get in this world. <span style="float: right;">Y1COOKE</span>	<input type="checkbox"/>	<input type="checkbox"/>
f. No one cares much what happens to you. <span style="float: right;">Y1COOKF</span>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is safer to trust nobody. <span style="float: right;">Y1COOKG</span>	<input type="checkbox"/>	<input type="checkbox"/>
h. Most people make friends because friends are likely to be useful to them. <span style="float: right;">Y1COOKH</span>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most people inwardly dislike putting themselves out to help other people. <span style="float: right;">Y1COOKI</span>	<input type="checkbox"/>	<input type="checkbox"/>
j. People often disappoint me. <span style="float: right;">Y1COOKJ</span>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am not easily angered. <span style="float: right;">Y1COOKK</span>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have at times had to be rough with people who were rude or annoying. <span style="float: right;">Y1COOKL</span>	<input type="checkbox"/>	<input type="checkbox"/>
m. I am often inclined to go out of my way to win a point with someone who has opposed me. <span style="float: right;">Y1COOKM</span>	<input type="checkbox"/>	<input type="checkbox"/>
n. I commonly wonder what hidden reason another person may have for doing something nice to me. <span style="float: right;">Y1COOKN</span>	<input type="checkbox"/>	<input type="checkbox"/>

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### HADS

58. Please read each item and mark with an **X** the **one** box opposite the reply which comes closest to how you have been feeling **DURING THE PAST WEEK**. Don't take too long to think over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

a) I feel tense or "wound up". Y1HADSA

- 0 Not at all
- 1 Time to time/occasionally
- 2 A lot of the time
- 3 Most of the time

b) I get a sort of frightened feeling as if something awful is about to happen. Y1HADSB

- 0 Not at all
- 1 A little but it doesn't worry me
- 2 Yes, but not too badly
- 3 Very definitely and quite badly

c) I get a sort of frightened feeling like "butterflies" in the stomach. Y1HADSC

- 0 Not at all
- 1 Occasionally
- 2 Quite often
- 3 Very often

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### DURING THE PAST WEEK:

d) I feel restless as if I have to be on the move. Y1HADSD

- 0 Not at all
- 1 Not very much
- 2 Quite a lot
- 3 Very much indeed

e) Worrying thoughts go through my mind. Y1HADSE

- 0 Only occasionally
- 1 From time to time but not too often
- 2 A lot of the time
- 3 A great deal of the time

f) I can sit at ease and feel relaxed. Y1HADSF

- 3 Not at all
- 2 Not often
- 1 Usually
- 0 Definitely

g) I get sudden feelings of panic. Y1HADSG

- 0 Not at all
- 1 Not very often
- 2 Quite often
- 3 Very often indeed

<b>PARTICIPANT ID</b> <input type="text"/> Y1PPTID	<b>DATE</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Y1DATE	<b>STAFF ID</b> <input type="text"/> <input type="text"/> <input type="text"/> Y1STAFID	<b>VISIT</b> BASELINE
--	--	---	--------------------------

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### MEDICAL CONDITIONS

59. The following is a list of common health problems that veterans have. Has a doctor or nurse ever told you that you have:

	Yes	No	Not sure
a. High blood pressure or hypertension Y1MED1A	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
b. Heart attack or myocardial infarction Y1MED1B	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
c. Angina (chest pain due to heart problems) Y1MED1C	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
d. Congestive heart failure Y1MED1D	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
e. Other heart disease Y1MED1E	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
f. Elevated cholesterol Y1MED1F	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
g. Stroke or transient ischemic attack (TIA) Y1MED1G	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
h. Emphysema, asthma or COPD Y1MED1H	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
i. Other chronic lung disease Y1MED1I	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
j. Blood clot in lungs Y1MED1J	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
k. Deep vein thrombosis (DVT) Y1MED1K	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
l. Diabetes or sugar diabetes Y1MED1L	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
m. Thyroid disease Y1MED1M	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

<b>Has a doctor or nurse ever told you that you have:</b>			
	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
n. Seizures or convulsions <b>Y1MED1N</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
o. Glaucoma <b>Y1MED1O</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
p. Cataracts <b>Y1MED1P</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
q. Parkinson's disease <b>Y1MED1Q</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
r. Dementia or Alzheimer's Disease <b>Y1MED1R</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
s. Other neurological disease <b>Y1MED1S</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
t. Kidney or renal disease <b>Y1MED1T</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
u. Liver disease, hepatitis, or cirrhosis <b>Y1MED1U</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
v. Ulcer (stomach, peptic) <b>Y1MED1V</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
w. Intestinal (GI) bleeding <b>Y1MED1W</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
x. Gastroesophageal Reflux Disease (GERD) <b>Y1MED1X</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
y. Pancreatitis <b>Y1MED1Y</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
z. Arthritis, gout or chronic joint problems <b>Y1MED1Z</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
aa. Osteoporosis (thinning of bones) <b>Y1MED1AA</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
bb. Back problems <b>Y1MED1BB</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
cc. Peripheral vascular disease <b>Y1MED1CC</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
dd. AIDS or HIV infection <b>Y1MED1DD</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>



# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

**Has a doctor or nurse ever told you that you have:**

	Yes	No	Not sure
ee. Enlarged prostate (BPH) <b>Y1MED1EE</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ff. Depression <b>Y1MED1FF</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
gg. Bipolar Disorder <b>Y1MED1GG</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
hh. Post Traumatic Stress Disorder (PTSD) <b>Y1MED1HH</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ii. Alcoholism or problem drinking <b>Y1MED1II</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
jj. Drug Addiction / Abuse <b>Y1MED1JJ</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
kk. Anxiety, phobia or panic <b>Y1MED1KK</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ll. Psychosis or Schizophrenia <b>Y1MED1LL</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9

mm. Has a doctor or nurse ever diagnosed you with cancer? **Y1MED1MM**

<input type="checkbox"/> 2 Yes, during the past year	→	What type of cancer? (please X all that apply)			
<input type="checkbox"/> 1 Yes, but not in the past year	<b>Y1MED2A</b>	<input type="checkbox"/> 1 Lung cancer	<input type="checkbox"/> 1 Prostate cancer	<b>Y1MED2E</b>	
<input type="checkbox"/> 0 No	<b>Y1MED2B</b>	<input type="checkbox"/> 1 Leukemia	<input type="checkbox"/> 1 Colon cancer	<b>Y1MED2F</b>	
<input type="checkbox"/> 9 Not sure	<b>Y1MED2C</b>	<input type="checkbox"/> 1 Lymphoma	<input type="checkbox"/> 1 Other cancer, please specify:	<b>Y1MED2G</b>	
	<b>Y1MED2D</b>	<input type="checkbox"/> 1 Skin cancer	<b>Y1MED2H</b>		

60. Have you ever had a CABG (Coronary Artery Bypass Graft operation)? **Y1MEDC3**

1 Yes       0 No

61. Have you ever had a PTCA (Percutaneous Transluminal Coronary Angioplasty) or a coronary artery stent placement? **Y1MEDC4**

1 Yes       0 No

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### PHYSICAL ACTIVITY

62. Which of the following statements best describes how **physically active** you have been during the last month, that is, done activities such as 15-20 minutes of brisk walking, swimming, general conditioning, or recreational sports? **Y1PHYS1**

- 0 Not at all active
- 1 A little active (1 to 2 times a month)
- 2 Fairly active (3 to 4 times per month)
- 3 Quite active (1 to 2 times a week)
- 4 Very active (3 to 4 times a week)
- 5 Extremely active (5 or more times a week)

63. During the last month, how often have you been doing **light exercise** such as 15-20 minutes of walking at an average pace, sweeping or vacuuming, bowling or gardening, etc.?

**Y1PHYS2**

- 0 Not at all
- 1 Less than once per week
- 2 1-2 times per week
- 3 3 or more times per week

64. During the last month, how often have you been doing **moderate exercise** such as 15-20 minutes of brisk walking, lawn mowing, light cycling, golf or dancing, etc.?

**Y1PHYS3**

- 0 Not at all
- 1 Less than once per week
- 2 1-2 times per week
- 3 3 or more times per week

65. During the last month, how often have you been doing **heavy exercise** such as 15-20 minutes of swimming laps, jogging, vigorous cycling, basketball, tennis, skiing, weight lifting or hiking, etc.?

**Y1PHYS4**

- 0 Not at all
- 1 Less than once per week
- 2 1-2 times per week
- 3 3 or more times per week

66. Thinking about the things you do (including recreation, exercise, work and housekeeping), how would you rate yourself as to the amount of exercise you get compared with others of your age and sex?

- 1 Much less active **Y1PHYS5**
- 2 Somewhat less active
- 3 About the same
- 4 Somewhat more active
- 5 Much more active

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

LOT

67. For each of the following statements, indicate the extent of your agreement. Please be as honest as you can throughout, and try not to let your responses to one question influence your response to other questions. There are no right or wrong answers.

Place an X in one box for each statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. In uncertain times, I usually expect the best. Y1LOTA	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>
b. If something can go wrong for me, it will. Y1LOTB	<input style="width: 30px; height: 20px;" type="text" value="4"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="0"/>
c. I'm always optimistic about my future. Y1LOTC	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>
d. I hardly ever expect things to go my way. Y1LOTD	<input style="width: 30px; height: 20px;" type="text" value="4"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="0"/>
e. I rarely count on good things happening to me. Y1LOTE	<input style="width: 30px; height: 20px;" type="text" value="4"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="0"/>
f. Overall, I expect more good things to happen to me than bad. Y1LOTF	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>

STAXI

68. Please read each of the following statements and mark with an X the one box which indicates how you **GENERALLY** feel. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to **BEST** describe how you **GENERALLY** feel.

HOW I GENERALLY FEEL:	Almost Never	Sometimes	Often	Almost Always
a. I am quick tempered.Y1STAX1A	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>
b. I have a fiery temper. Y1STAX1B	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>
c. I am a hotheaded person.Y1STAX1C	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>
d. I fly off the handle. Y1STAX1D	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text" value="3"/>	<input style="width: 30px; height: 20px;" type="text" value="4"/>

# HEART AND SOUL STUDY

69. Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. Please read each statement and mark with an **X** the **one box** which indicates how **OFTEN** you **GENERALLY** react or behave in the manner described when you are feeling **ANGRY OR FURIOUS**. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

WHEN ANGRY OR FURIOUS:	Almost Never	Sometimes	Often	Almost Always
a. I express my anger. <b>Y1STAX2A</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I keep things in. <b>Y1STAX2B</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I pout or sulk. <b>Y1STAX2C</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I withdraw from people. <b>Y1STAX2D</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I make sarcastic remarks to others. <b>Y1STAX2E</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I do things like slam doors. <b>Y1STAX2F</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I boil inside, but I don't show it. <b>Y1STAX2G</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I argue with others. <b>Y1STAX2H</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I tend to harbor grudges that I don't tell anyone about. <b>Y1STAX2I</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I strike out at whatever infuriates me. <b>Y1STAX2J</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. I am secretly quite critical of others. <b>Y1STAX2K</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. I am angrier than I am willing to admit. <b>Y1STAX2L</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. I say nasty things. <b>Y1STAX2M</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. I'm irritated a great deal more than people are aware of. <b>Y1STAX2N</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. I lose my temper. <b>Y1STAX2O</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. If someone annoys me, I'm apt to tell him or her how I feel. <b>Y1STAX2P</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### CARDIAC FUNCTION

Please mark one selection box with an X for each question.

70. How confident are you that you know how much physical activity is good for you?

**Y1CFXN1**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

71. How confident are you that you can maintain your usual social activities?

**Y1CFXN2**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

72. How confident are you that you can maintain your usual activities at home with your family?

**Y1CFXN3**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

73. How confident are you that you can maintain your usual activities at work? **Y1CFXN4**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

74. How confident are you that you can engage in sexual activity? **Y1CFXN5**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

75. How confident are you that you can get regular aerobic exercise (work up a sweat and increase your heart rate)? **Y1CFXN6**

- 0 Not at all confident
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

**Please indicate the extent to which you agree or disagree with the following statements:**

76. I feel that it is impossible to reach the goals I would like to strive for.

**Y1HOPE1**

- 0 Absolutely disagree
- 1 Somewhat disagree
- 2 Cannot say
- 3 Somewhat agree
- 4 Absolutely agree

77. The future seems to me to be hopeless, and I can't believe that things are changing for the better.

**Y1HOPE2**

- 0 Absolutely disagree
- 1 Somewhat disagree
- 2 Cannot say
- 3 Somewhat agree
- 4 Absolutely agree

### EMOTION EXPRESSION

78. The following statements ask about how you express your emotions. Please read each of the statements and mark with an **X** the **one box** that indicates the extent of your agreement.

Place an X in one box for each statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I keep my emotions to myself. <b>Y1EMEXA</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. When I am feeling <i>negative</i> emotions, I make sure not to express them. <b>Y1EMEXB</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When I am feeling <i>positive</i> emotions, I am careful not to express them. <b>Y1EMEXC</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I almost never try to inhibit my emotional expressions. <b>Y1EMEXD</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
e. I control my emotions by <i>not expressing them</i> . <b>Y1EMEXE</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### HABITS

79. Do you currently smoke cigarettes?  1 Yes  0 No Y1HAB1

80. For how many years have you or did you smoke cigarettes? Y1HAB2

0

**If 0: Please go to question 82**

1 1-10

2 11-20

3 21-30

4 greater than 30

81. How many packs of cigarettes do you or did you usually smoke during those years? Y1HAB3

1 less than 1/2 pack per day

2 more than 1/2 pack per day but less than 1 pack per day

3 more than 1 pack per day but less than 2 packs per day

4 more than 2 packs per day

82. How often did you have a drink containing alcohol in the past year? Consider a "drink" to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin or vodka). Y1HAB4

0 Never

1 Monthly or less

2 2 to 4 times per month

3 2 to 3 times a week

4 4 to 5 times a week

5 6 or more times a week

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

83. How many drinks did you have on a typical day when you were drinking in the past year?

**Y1HAB5**

- 0 0 drinks
- 1 1 to 2 drinks
- 2 3 to 4 drinks
- 3 5 to 6 drinks
- 4 7 to 9 drinks
- 5 10 or more drinks

84. How often did you have 6 or more drinks on one occasion in the past year? **Y1HAB6**

- 0 Never
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

85. Have you ever used drugs more than you meant to? **Y1HAB7**

- 2 Yes, during the last year
- 1 Yes, but not in the last year
- 0 No

86. Have you ever felt you wanted to or needed to cut down on your drug use? **Y1HAB8**

- 2 Yes, during the last year
- 1 Yes, but not in the last year
- 0 No



# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### SLEEP

87. Are you usually sleepy in the daytime? (Do not include taking a regular daily nap as "feeling sleepy".)

- Yes     
  No     
  Don't know

**Y1SLP1**

88. How often do you experience a sense of exhaustion (EXCEPT after exercise)?

- Never     
  Occasionally     
  Frequently

**Y1SLP2**

89. Have you ever snored? **Y1SLP3A**

- Yes →  
 No →  
 Don't know →

Please go to question 90

**IF YES, how often do you snore now? Y1SLP3B**

- None of the time     
  Much of the time  
 A little of the time     
  All of the time  
 Some of the time

90. Do you usually have trouble falling asleep?

- Yes     
  No     
  Don't know

**Y1SLP4**

91. Do you usually wake up several times at night? **Y1SLP5A**

- Yes →  
 No →  
 Don't know →

Please go to question 92

**IF YES, are you able to get back to sleep easily? Y1SLP5B**

- Yes  
 No  
 Don't know

92. Do you usually wake up far too early?

- Yes     
  No     
  Don't know

**Y1SLP6**

93. During the last month, how would you rate your sleep quality overall?

- Very bad  
 Fairly bad  
 Good  
 Fairly good  
 Very good

**Y1SLP7**

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

PSS

94. The questions below ask you about your feelings, thoughts and activities **DURING THE LAST MONTH**. Although some of the questions are similar, there are important differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

<b>Place an X in one box for each question</b>	<b>Never</b>	<b>Almost never</b>	<b>Some-times</b>	<b>Fairly often</b>	<b>Very often</b>
a. In the last month, how often have you felt that you were unable to control the important things in your life? <p style="text-align: right;"><b>Y1PSSA</b></p>	<input style="width: 30px; height: 30px;" type="text" value="0"/>	<input style="width: 30px; height: 30px;" type="text" value="1"/>	<input style="width: 30px; height: 30px;" type="text" value="2"/>	<input style="width: 30px; height: 30px;" type="text" value="3"/>	<input style="width: 30px; height: 30px;" type="text" value="4"/>
b. In the last month, how often have you felt confident about your ability to handle your personal problems? <p style="text-align: right;"><b>Y1PSSB</b></p>	<input style="width: 30px; height: 30px;" type="text" value="4"/>	<input style="width: 30px; height: 30px;" type="text" value="3"/>	<input style="width: 30px; height: 30px;" type="text" value="2"/>	<input style="width: 30px; height: 30px;" type="text" value="1"/>	<input style="width: 30px; height: 30px;" type="text" value="0"/>
c. In the last month, how often have you felt that things were going your way? <p style="text-align: right;"><b>Y1PSSC</b></p>	<input style="width: 30px; height: 30px;" type="text" value="4"/>	<input style="width: 30px; height: 30px;" type="text" value="3"/>	<input style="width: 30px; height: 30px;" type="text" value="2"/>	<input style="width: 30px; height: 30px;" type="text" value="1"/>	<input style="width: 30px; height: 30px;" type="text" value="0"/>
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <p style="text-align: right;"><b>Y1PSSD</b></p>	<input style="width: 30px; height: 30px;" type="text" value="0"/>	<input style="width: 30px; height: 30px;" type="text" value="1"/>	<input style="width: 30px; height: 30px;" type="text" value="2"/>	<input style="width: 30px; height: 30px;" type="text" value="3"/>	<input style="width: 30px; height: 30px;" type="text" value="4"/>

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

### BELIEFS

95. To what extent do you consider yourself a spiritual person? **Y1BELF1**

- 0 Not at all spiritual
- 1 Slightly spiritual
- 2 Moderately spiritual
- 3 Very spiritual

96. To what extent do you consider yourself a religious person? **Y1BELF2**

- 0 Not at all religious
- 1 Slightly religious
- 2 Moderately religious
- 3 Very religious

97. During the past year, how often did you pray or meditate? **Y1BELF3**

- 0 Never
- 1 A few times
- 2 Once or twice a month
- 3 Once or twice a week
- 4 Daily or more

98. During the past year, how often did you attend religious or spiritual services?

**Y1BELF4**

- 0 Never
- 1 A few times
- 2 Once or twice a month
- 3 Once or twice a week
- 4 Daily or more

# HEART AND SOUL STUDY

## HEALTH AND PERSONAL HISTORY

99. During the past year, how often did you find strength or comfort in your religion or spirituality?

**Y1BELF5**

- 0 Never
- 1 A few times
- 2 Once or twice a month
- 3 Once or twice a week
- 4 Daily or more

100. Do you believe in God or a higher power? **Y1BELF6**

- 1 Yes
- 0 No
- 9 Don't know

101. How often do you feel a sense of mission or calling in your life? **Y1BELF7**

- 0 None of the time
- 1 Not much of the time
- 2 Some of the time
- 3 Most of the time
- 4 All of the time

102. How often do you believe that events in your life unfold according to a divine or greater plan?

**Y1BELF8**

- 0 None of the time
- 1 Not much of the time
- 2 Some of the time
- 3 Most of the time
- 4 All of the time