

HEART AND SOUL STUDY HEALTH AND PERSONAL HISTORY

5. What is your Social Security Number?

Y6SSN -

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

Y6MEDNO -

7. 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 Y6C1FNM MI Y6C1MI Last Name Y6C1LNM

Street Number Y6C1STNO Street Name Y6C1STNM Apt Number Y6C1APNO

City Y6C1CITY State Y6C1STAT Zip Code Y6C1ZIP Home Phone Y6C1HMPH -

(area code)

How is the contact person above related to you? Y6C1REL

- 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 Y6C2FNM MI Y6C2MI Last Name Y6C2LNM

Street Number Y6C2STNO Street Name Y6C2STNM Apt Number Y6C2APNO

City Y6C2CITY State Y6C2STAT Zip Code Y6C2ZIP Home Phone Y6C2HMPH -

(area code)

How is the contact person above related to you? Y6C2REL

- 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

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

1 Yes 0 No

Y6DOCTOR

Please go to question 9

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="Y6DFNM"/>	<input type="text" value="Y6DMI"/>	<input type="text" value="Y6DLNM"/>
Street Number	Street Name	Suite/Room
<input type="text" value="Y6DSTNO"/>	<input type="text" value="Y6DSTNM"/>	<input type="text" value="Y6DSUIT"/>
City	State	Zip Code
<input type="text" value="Y6CITY"/>	<input type="text" value="Y6DSTATE"/>	<input type="text" value="Y6DZIP"/>
		Phone
		<input type="text"/> - <input type="text" value="Y6DPH"/> - <input type="text"/>
		<small>(area code)</small>

9. What is your current marital status? (PLEASE MARK ONE BOX)

Y6MARIT

- | | |
|---|--|
| <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 | |

10. Do you work in a PAID job? Yes

No →

Please go to question 13

Y6JOB1



Y6JOB2

11. How many hours per week do you work? hours per week

12. How satisfying is this work for you? 0 Not at all Satisfying

Y6JOB3

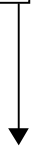
- 1 A Little Satisfying
- 2 Somewhat Satisfying
- 3 Very Satisfying

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13. Do you work in an UNPAID or volunteer job? Yes No → Please go to question 16

Y6VOLUN1



14. How many hours per week do you work? **Y6VOLUN2** hours per week

15. How satisfying is this work for you? Not at all Satisfying

Y6VOLUN3

A Little Satisfying

Somewhat Satisfying

Very Satisfying

16a. Which of the following categories best describes your total combined household income for the past 12 months? This should include income from all sources such as wages, veteran's benefits, social security or retirement income, rent from properties, and so forth (before taxes). This information will be used for research purposes only; it will NOT be shared with the VA. **Y6INCOMA**

Less than \$10,000

\$20,000 - \$29,999

\$40,000 - \$50,000

\$10,000 - \$19,999

\$30,000 - \$39,999

Greater than \$50,000

16b. How many people (including yourself) lived on this income for the past 12 months? **Y6INCOMB**

1

2

3 - 4

5 - 6

7 or more

17. Do you live by yourself or do you live with other people (share a house, apartment, retirement community, etc.)? **Y6LIV**

Live alone

Live with one or more people

18. What category best describes your current housing? (PLEASE MARK ONE BOX) **Y6LIVCAT**

House

Hotel room/boarding house/permanent shelter

Apartment/flat

Retirement community

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

1 Yes

Y6FAMHX2

0 No

9 Don't Know

2 I don't have any siblings

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

1 Excellent

Y6HLTH

2 Very Good

3 Good

4 Fair

5 Poor

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

1 Excellent

Y6QLTY

2 Very Good

3 Good

4 Fair

5 Poor

HEART AND SOUL STUDY

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22. Overall, which **one** of the following statements best describes the symptoms associated with your heart condition: **Y6ANG1**

- 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

23. Over the past four weeks, on average, how many times have you had **chest pain, chest tightness, or angina?** **Y6ANG2**

- 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

24. 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?** **Y6ANG3**

- 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

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

Y6ANG4

- 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

26. 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?

Y6ANG5

- 1 Completely satisfied or no chest pain in the last 4 weeks
- 2 Mostly satisfied
- 3 Somewhat satisfied
- 4 Mostly dissatisfied
- 5 Not satisfied at all

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

Y6ANG6

- 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

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30. 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 Y6ANG7A	<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 Y6ANG7B	<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 Y6ANG7C	<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 Y6ANG7D	<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 Y6ANG7E	<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 Y6ANG7F	<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 Y6ANG7G	<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) Y6ANG7H	<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 Y6ANG7I	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 9

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HEALTH AND PERSONAL HISTORY

MEDICATIONS

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

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

Y6MEDIC1

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

30. In the past month, how often did you DECIDE TO SKIP one or more of your medications ?

Y6MEDIC4

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

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

Y6MEDIC5

- All of the time
- Nearly all of the time
- Most of the time
- About half of the time
- Less than half of the time

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CARDIAC FUNCTION

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

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

- 0 Not at all confident **Y6CFXN1**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

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

- 0 Not at all confident **Y6CFXN2**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

34. How confident are you that you can maintain your usual activities at home?

- 0 Not at all confident **Y6CFXN3**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

35. How confident are you that you can maintain your usual activities outside of your home?

- 0 Not at all confident **Y6CFXN4**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

36. How confident are you that you can engage in sexual activity?

- 0 Not at all confident **Y6CFXN5**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

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

- 0 Not at all confident **Y6CFXN6**
- 1 Somewhat confident
- 2 Moderately confident
- 3 Very confident
- 4 Completely confident

PARTICIPANT ID <input type="text"/> Y6PPTID	DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Y6DATE	STAFF ID <input type="text"/> <input type="text"/> <input type="text"/> Y6STAFID	VISIT Year 5
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HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

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.

First Name <input type="text"/>	Last Name <input type="text"/>
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MOOD

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

Yes No

Y6MOOD1

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

Yes No

Y6MOOD2

40. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

Y6SOCIAL

PHQ

	Not at all	Several days	More than half the days	Nearly every day
41. Over the LAST 2 WEEKS , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things. Y6PPQA	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
b. Feeling down, depressed, or hopeless. Y6PPQB	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
c. Trouble falling or staying asleep, or sleeping too much. Y6PPQC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
d. Feeling tired or having little energy. Y6PPQD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
e. Poor appetite or overeating. Y6PPQE	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down. Y6PPQF	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television. Y6PPQG	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" 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. Y6PPQH	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>
i. Thoughts that you would be better off dead or hurting yourself in some way. Y6PPQI	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

PANAS

42. 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 Y6PANASA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Interested Y6PANASB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Excited Y6PANASC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Strong Y6PANASD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Enthusiastic Y6PANASE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Determined Y6PANASF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Proud Y6PANASG	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Inspired Y6PANASH	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Active Y6PANASI	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Alert Y6PANASJ	<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

CES-D

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

DURING THE PAST WEEK:	Rarely or none of the time	Some of the time	Much of the time	Most or all of the time
a. I felt depressed. Y6CESDA	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. I felt that everything I did was an effort. Y6CESDB	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. My sleep was restless. Y6CESDC	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I was happy. Y6CESDD	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. I felt lonely. Y6CESDE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. People were unfriendly. Y6CESDF	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. I enjoyed life. Y6CESDG	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. I felt sad. Y6CESDH	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. I felt that people disliked me. Y6CESDI	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I could not get "going". Y6CESDJ	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

The KCCQ

44. Over the past 2 weeks, how much has **swelling** in your feet, ankles or legs bothered you?

- | | |
|---|--|
| <input type="checkbox"/> 1 Extremely bothersome | <input type="checkbox"/> 4 Slightly bothersome |
| <input type="checkbox"/> 2 Quite a bit bothersome | <input type="checkbox"/> 5 Not at all bothersome |
| <input type="checkbox"/> 3 Moderately bothersome | <input type="checkbox"/> 6 I've had no swelling |

Y6KCC6

45. Over the past 2 weeks, how much has **fatigue** bothered you?

- | | |
|---|--|
| <input type="checkbox"/> 1 Extremely bothersome | <input type="checkbox"/> 4 Slightly bothersome |
| <input type="checkbox"/> 2 Quite a bit bothersome | <input type="checkbox"/> 5 Not at all bothersome |
| <input type="checkbox"/> 3 Moderately bothersome | <input type="checkbox"/> 6 I've had no fatigue |

Y6KCC7

46. Over the past 2 weeks, how much has **shortness of breath** bothered you?

- | |
|--|
| <input type="checkbox"/> 1 Extremely bothersome |
| <input type="checkbox"/> 2 Quite a bit bothersome |
| <input type="checkbox"/> 3 Moderately bothersome |
| <input type="checkbox"/> 4 Slightly bothersome |
| <input type="checkbox"/> 5 Not at all bothersome |
| <input type="checkbox"/> 6 I've had no shortness of breath |

Y6KCC8

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

The KCCQ

47. Over the past 2 weeks, how many times did you have **swelling** in your feet, ankles or legs when you woke up in the morning?

- 1 Every morning
- 2 3 or more times per week, but not every day
- 3 1-2 times a week
- 4 Less than once a week
- 5 Never over the past 2 weeks

Y6KCC2

48. Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you want?

- 1 All of the time
- 2 Several times per day
- 3 At least once a day
- 4 3 or more times per week but not everyday
- 5 1-2 times per week
- 6 Less than once a week
- 7 Never over the past 2 weeks

Y6KCC3

49. Over the past 2 weeks, on average, how many times has **shortness of breath** limited your ability to do what you wanted?

- 1 All of the time
- 2 Several times per day
- 3 At least once a day
- 4 3 or more times per week but not every day
- 5 1-2 times per week
- 6 Less than once a week
- 7 Never over the past 2 weeks

Y6KCC4

50. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of **shortness of breath**?

- 1 Every night
- 2 3 or more times a week, but not every day
- 3 1-2 times a week
- 4 Less than once a week
- 5 Never over the past 2 weeks

Y6KCC5

HEART AND SOUL STUDY

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The KCCQ

51. The following questions refer to **heart failure** and how it affects your life. **Heart failure** affects different people in different ways. Some feel shortness of breath while others feel fatigue. Please indicate how much you have been limited by **heart failure** (shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

	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 Y6KCC1A	5	4	3	2	1	9
b. Showering/Bathing Y6KCC1B	5	4	3	2	1	9
c. Walking 1 block on level ground Y6KCC1C	5	4	3	2	1	9
d. Doing yardwork, housework or carrying groceries Y6KCC1D	5	4	3	2	1	9
e. Climbing a flight of stairs without stopping Y6KCC1E	5	4	3	2	1	9
f. Hurrying or jogging (as if to catch a bus) Y6KCC1F	5	4	3	2	1	9
g. Hobbies, recreational activities Y6KCC1G	5	4	3	2	1	9
h. Working or doing household chores Y6KCC1H	5	4	3	2	1	9
i. Visiting family or friends out of your home Y6KCC1I	5	4	3	2	1	9
j. Intimate relationships with loved ones Y6KCC1J	5	4	3	2	1	9

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The KCCQ

52. Over the **past 2 weeks**, how much has **heart failure** limited your enjoyment of life?

- 1 It has extremely limited my enjoyment of life
- 2 It has limited my enjoyment of life quite a bit Y6KCC11
- 3 It has moderately limited my enjoyment of life
- 4 It has slightly limited my enjoyment of life
- 5 It has not limited my enjoyment of life -OR- I do not have heart failure

53. If you had to spend the rest of your life with your **heart failure** the way it is right now, how would you feel about this ?

- 1 Not at all satisfied
- 2 Mostly dissatisfied Y6KCC12
- 3 Somewhat satisfied
- 4 Mostly satisfied
- 5 Completely satisfied -OR- I do not have heart failure

ISEL

60. 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.

Place an X in one box for each statement	Definitely False	Probably False	Probably True	Definitely True
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. Y6ISELA	<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. Y6ISELB	<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. Y6ISELC	<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 Y6ISELD	<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. Y6ISELE	<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. Y6ISELF	<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. Y6ISELG	<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.). Y6ISELH	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

Place an X in one box for each statement	Definitely False	Probably False	Probably True	Definitely True
i. If I wanted to have lunch with someone, I could easily find someone to join me. Y6ISELI	<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. Y6ISELJ	<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. Y6ISELK	<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. Y6ISELL	<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

HADS

61. 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". Y6HADSA

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. Y6HADSB

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. Y6HADSC

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. Y6HADSD

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

e) Worrying thoughts go through my mind. Y6HADSE

- 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. Y6HADSF

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

g) I get sudden feelings of panic. Y6HADSG

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

PARTICIPANT ID <input type="text"/> Y6PPTID	DATE <input type="text"/> / <input type="text"/> / <input type="text"/> Y6DATE	STAFF ID <input type="text"/> Y6STAFID	VISIT Year 5
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HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

First Name <input type="text"/>	Last Name <input type="text"/>
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MEDICAL CONDITIONS

62. The following is a list of common health problems. Has a doctor or nurse ever told you that you have:	Yes	No	Not sure
a. High blood pressure or hypertension Y6MED1A	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Heart attack or myocardial infarction Y6MED1B	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Angina (chest pain due to heart problems) Y6MED1C	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Congestive heart failure Y6MED1D	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other heart disease Y6MED1E	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Elevated cholesterol Y6MED1F	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Stroke or transient ischemic attack (TIA) Y6MED1G	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Emphysema, asthma or COPD Y6MED1H	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Other chronic lung disease Y6MED1I	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Blood clot in lungs Y6MED1J	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Blood clot in legs Y6MED1K	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Diabetes or sugar diabetes Y6MED1L	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. Thyroid disease Y6MED1M	<input type="text"/>	<input type="text"/>	<input type="text"/>

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

Has a doctor or nurse ever told you that you have:			
	Yes	No	Not sure
n. Seizures or convulsions Y6MED1N	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
o. Glaucoma Y6MED1O	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
p. Cataracts Y6MED1P	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
q. Parkinson's disease Y6MED1Q	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
r. Dementia or Alzheimer's Disease Y6MED1R	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
s. Other neurological disease Y6MED1S	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
t. Kidney or renal disease Y6MED1T	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
u. Liver disease, hepatitis, or cirrhosis Y6MED1U	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
v. Ulcer (stomach, peptic) Y6MED1V	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
w. Intestinal (GI) bleeding Y6MED1W	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
x. Gastroesophageal Reflux Disease (GERD) Y6MED1X	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
y. Pancreatitis Y6MED1Y	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
z. Arthritis, gout or chronic joint problems Y6MED1Z	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
aa. Osteoporosis (thinning of bones) Y6MED1AA	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
bb. Back problems Y6MED1BB	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
cc. Peripheral vascular disease Y6MED1CC	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="9"/>
dd. AIDS or HIV infection Y6MED1DD	<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) Y6MED1EE	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ff. Depression Y6MED1FF	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
gg. Bipolar Disorder Y6MED1GG	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
hh. Post Traumatic Stress Disorder (PTSD) Y6MED1HH	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ii. Alcoholism or problem drinking Y6MED1II	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
jj. Drug Addiction / Abuse Y6MED1JJ	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
kk. Anxiety, phobia or panic Y6MED1KK	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
ll. Psychosis or Schizophrenia Y6MED1LL	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9

mm. Has a doctor or nurse ever diagnosed you with cancer? **Y6MED1MM**

<input type="checkbox"/> 2 Yes, during the past year		<input type="checkbox"/> 1 Yes, but not in the past year		
<input type="checkbox"/> 0 No	Y6MED2B	<input type="checkbox"/> 1 Lung cancer	<input type="checkbox"/> 1 Prostate cancer	Y6MED2E
<input type="checkbox"/> 9 Not sure	Y6MED2C	<input type="checkbox"/> 1 Leukemia	<input type="checkbox"/> 1 Colon cancer	Y6MED2F
	Y6MED2D	<input type="checkbox"/> 1 Lymphoma	<input type="checkbox"/> 1 Other cancer, please specify:	Y6MED2G
		<input type="checkbox"/> 1 Skin cancer	Y6MED2H	

63. Have you ever had a CABG (Coronary Artery Bypass Graft operation)? **Y6MEDC3**

1 Yes 0 No

64. Have you ever had a PTCA (Percutaneous Transluminal Coronary Angioplasty) or a coronary artery stent placement? **Y6MEDC4**

1 Yes 0 No

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

PHYSICAL ACTIVITY

65. 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? **Y6PHYS1**

- 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)

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 **Y6PHYS5**
- 2 Somewhat less active
- 3 About the same
- 4 Somewhat more active
- 5 Much more active

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

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

Y6HOPE1

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

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

Y6HOPE2

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

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

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69. Below are a number of statements that people often use to describe themselves. Please read each statement and then mark the appropriate box next to the statement to indicate your answer. There are no right or wrong answers. Your own impression is the only thing that matters.

	False	Rather False	Neutral	Rather True	True
a. I make contact easily when I meet people. Y6DSA	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
b. I often make a fuss about unimportant things. Y6DSB	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
c. I often talk to strangers. Y6DSC	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
d. I often feel unhappy. Y6DSD	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
e. I am often irritated. Y6DSE	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
f. I often feel inhibited in social interactions. Y6DSF	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
g. I take a gloomy view of things. Y6DSG	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
h. I find it hard to start a conversation. Y6DSH	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
i. I am often in bad mood. Y6DSI	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
j. I am a closed kind of person. Y6DSJ	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
k. I would rather keep other people at a distance. Y6DSK	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
l. I often find myself worrying about something. Y6DSL	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
m. I am often down in the dumps. Y6DSM	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
n. When socializing, I don't find the right things to talk about. Y6DSN	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

COOK-MEDLEY

70. Please read each statement and decide whether it is true or false as applied to you. These statements are part of a standard inventory and are not intended as any kind of test or evaluation. We ask that you respond to each statement to the best of your ability. If a statement is **TRUE** or **MOSTLY TRUE**, please mark with an X in the **TRUE** column. If a statement is **FALSE** or **MOSTLY FALSE**, please mark with an X in the **FALSE** column.

	TRUE	FALSE
a. I have often had to take orders from someone who did not know as much as I did. Y6COOKA_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others. Y6COOKB_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. It takes a lot of argument to convince most people of the truth. Y6COOKC_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. I think most people would lie to get ahead. Y6COOKD_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Most people are honest chiefly through fear being caught. Y6COOKE_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it. Y6COOKF_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. No one cares much what happens to you. Y6COOKG_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. It is safer to trust nobody. Y6COOKH_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Most people make friends because friends are likely to be useful to them. Y6COOKI_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Most people inwardly dislike putting themselves out to help other people. Y6COOKJ_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
k. I have often met people who were supposed to be expert who were no better than I. Y6COOKK_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0
l. People generally demand more respect for their own rights than they are willing to allow for others. Y6COOKL_C	<input type="checkbox"/> 1	<input type="checkbox"/> 0

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

COOK-MEDLEY

71. Please read each statement and decide whether it is true or false as applied to you. These statements are part of a standard inventory and are not intended as any kind of test or evaluation. We ask that you respond to each statement to the best of your ability. If a statement is **TRUE** or **MOSTLY TRUE**, please mark with an X in the **TRUE** column. If a statement is **FALSE** or **MOSTLY FALSE**, please mark with an X in the **FALSE** column.

		TRUE	FALSE
a. Someone has it in for me	Y6COOKA_H	<input type="checkbox"/>	<input type="checkbox"/>
b. I commonly wonder what hidden reason another person may have for doing something nice for me.	Y6COOKB_H	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel that I have often been punished without cause.	Y6COOKC_H	<input type="checkbox"/>	<input type="checkbox"/>
d. My relatives are nearly all in sympathy with me.	Y6COOKD_H	<input type="checkbox"/>	<input type="checkbox"/>
e. My way of doing things is apt to be misunderstood by others.	Y6COOKE_H	<input type="checkbox"/>	<input type="checkbox"/>
f. I have often felt that strangers were looking at me critically.	Y6COOKF_H	<input type="checkbox"/>	<input type="checkbox"/>
g. I am sure I am being talked about.	Y6COOKG_H	<input type="checkbox"/>	<input type="checkbox"/>
h. I tend to be on my guard with people who are somewhat more friendly than I had expected.	Y6COOKH_H	<input type="checkbox"/>	<input type="checkbox"/>
i. The man who had most to do with me when I was a child (such as my father, stepfather,etc.) was very strict with me.	Y6COOKI_H	<input type="checkbox"/>	<input type="checkbox"/>
j. I have often found people jealous of my ideas, just because they had not thought of them first.	Y6COOKJ_H	<input type="checkbox"/>	<input type="checkbox"/>
k. I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes onto those under them.	Y6COOKK_H	<input type="checkbox"/>	<input type="checkbox"/>
l. Sometimes I am sure that other people can tell what I am thinking.	Y6COOKL_H	<input type="checkbox"/>	<input type="checkbox"/>

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

COOK-MEDLEY

72. Please read each statement and decide whether it is true or false as applied to you. These statements are part of a standard inventory and are not intended as any kind of test or evaluation. We ask that you respond to each statement to the best of your ability. If a statement is **TRUE** or **MOSTLY TRUE**, please mark with an X in the **TRUE** column. If a statement is **FALSE** or **MOSTLY FALSE**, please mark with an X in the **FALSE** column.

	TRUE	FALSE
a. It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important. Y6COOKA_A	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Some of my family have habits that bother and annoy me very much. Y6COOKB_A	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. People often disappoint me. Y6COOKC_A	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. I am not easily angered. Y6COOKD_A	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done. Y6COOKE_A	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. When someone does me a wrong I feel I should pay him back if I can, just for the principle of the things. Y6COOKA_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. I don't blame anyone for trying to grab everything he can get in this world. Y6COOKB_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. I can be friendly with people who do things which I consider wrong. Y6COOKC_R	<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. I do not blame a person for taking advantage of someone who lays himself open to it. Y6COOKD_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. I would certainly enjoy beating a crook at his own game. Y6COOKE_R	<input type="checkbox"/> 0	<input type="checkbox"/> 1
k. I have at times had to be rough with people who were rude or annoying. Y6COOKF_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

COOK-MEDLEY

	TRUE	FALSE
l. I am often inclined to go out of my way to win a point with someone who has opposed me. Y6COOKG_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
m. I do not try to cover up my poor opinion or pity of a person so that he won't know how I feel. Y6COOKH_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
n. I strongly defend my own opinions as a rule. Y6COOKI_R	<input type="checkbox"/> 1	<input type="checkbox"/> 0
o. I prefer to pass by friends, or people I know but have not seen for a long time, unless they speak to me first. Y6COOKA_S	<input type="checkbox"/> 1	<input type="checkbox"/> 0
p. I am likely not to speak to people until they speak to me. Y6COOKB_S	<input type="checkbox"/> 1	<input type="checkbox"/> 0
q. I have sometimes stayed away from another person because I feared doing or saying something that I might regret afterwards. Y6COOKC_S	<input type="checkbox"/> 1	<input type="checkbox"/> 0
r. I am quite often not in on the gossip and talk of the group I belong to. Y6COOKE_S	<input type="checkbox"/> 1	<input type="checkbox"/> 0

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

EMOTIONS

73. The following statements ask about your emotions. Please read each of the statements and mark an **X** in the one box that indicates the extent of your agreement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I keep my emotions to myself. Y6EMEX1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. When I am feeling <i>positive</i> emotions, I am careful not to express them. Y6EMEX2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. When I am feeling <i>negative</i> emotions, I make sure not to express them. Y6EMEX3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. When I start to feel emotional, I make sure to keep my emotions to myself. Y6EMEX4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I control my emotions by <i>not expressing them</i> . Y6EMEX5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. I try not to show my emotions <i>in my face, body or voice</i> . Y6EMEX6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. I control my emotions <i>by changing the way I think</i> about the situation I'm in. Y6EMEX7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. When I want to feel more <i>positive</i> emotions, I change <i>the way I'm thinking</i> about the situation. Y6EMEX8	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. When I want to feel less <i>negative</i> emotion, I change <i>the way I'm thinking</i> about the situation. Y6EMEX9	<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

PSS

74. 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.

Place an X in one box for each question	Never	Almost never	Some-times	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? <p style="text-align: right;">Y6PSSA</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last month, how often have you felt confident about your ability to handle your personal problems? <p style="text-align: right;">Y6PSSB</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the last month, how often have you felt that things were going your way? <p style="text-align: right;">Y6PSSC</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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;">Y6PSSD</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

HABITS

75. Do you currently smoke cigarettes? 1 Yes 0 No

Y6HAB1

76. 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, one cocktail or a shot of hard liquor (like scotch, gin or vodka).

Y6HAB4

- | | |
|---|---|
| <input type="checkbox"/> 0 Never | <input type="checkbox"/> 3 2 to 3 times a week |
| <input type="checkbox"/> 1 Monthly or less | <input type="checkbox"/> 4 4 to 5 times a week |
| <input type="checkbox"/> 2 2 to 4 times per month | <input type="checkbox"/> 5 6 or more times a week |

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

Y6HAB5

- 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

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

Y6HAB6

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

HEART AND SOUL STUDY

HEALTH AND PERSONAL HISTORY

79. Have you ever used illicit drugs?

Y6HAB7

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

80. Have you ever felt you wanted to or needed to cut down on your use of prescription drugs (such as pain killers, sedatives, or tranquilizers)?

Y6HAB8

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

SLEEP

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

Y6SLP2

- 0 Never
- 1 Occasionally
- 2 Frequently

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

Y6SLP7

- 4 Very bad
- 3 Fairly bad
- 2 Good
- 1 Fairly good
- 0 Very good