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AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION - AASK COHORT STUDY JACKSON HEART STUDY APPROACH TO LIFE A FORM # 186

	PID NAMECODE VIST VISTN VISTN VIST VISTN 4. Visit Date: mm/dd/yyyy Number
	s scale is made up of a list of statements, each of which may or may not be about you. For each statement: 1=definitely true, if you are sure it is true about you 2=probably true, if you think it is true but are not absolutely certain 3=definitely false, if you are sure the statement is false 4=probably false, if you think it is false but are not absolutely certain
5.	Most of my friends are more interesting than I am
6.	When I feel lonely, there are several people I can talk to ALONE
7.	I often meet or talk with family or friends <u>meet</u>
8.	I feel like I'm not always included by my circle of friends
9.	There really is no one who can give me an objective view of how I'm handling my problems
10.	If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone
11.	If I were sick, I could easily find someone to help me with my daily chores
12.	When I need suggestions on how to deal with a personal problem, I know someone I can turn to

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13.	I don't often get invited to do things with others	INVITE	
14.	Most of my friends are more successful at making changes in their lives than I am	. <u>5</u> 0 <cess< td=""></cess<>	
15.	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.)	. DIFF. FIND	
16.	There is really no one I can trust to give me good financial advice .	. NO_TRUST	
17.	I am more satisfied with my life than most people are with theirs	SATISFY	
18.	It would be difficult to find someone who would lend me their car for a few hours	<u>C</u> AR	
19.	There is at least one person I know whose advice I really trust	· ONE-PERSON	
20.	I have a hard time keeping pace with my friends	. HARD-PACE	
21.	How was this form was administered (1=by the patient reading it, 2=by someone reading the questions to the patient, 3=both)	. ADM/NISTERED	
200.	Date this form completed (mm/dd/yyyy)	COMPL-DT	
201.	Certification ID of person completing this form	COMPL-BY	
For (Clinical Center Use Only:		
Certi	ification ID of person entering this form:		
Date	Entered://	• .	