

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE  
AND HYPERTENSION - AASK COHORT STUDY  
JACKSON HEART STUDY APPROACH TO LIFE B FORM # 187**

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*PID*  
1. Identification Number....

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*NAMECODE*  
2. Name Code...

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*VISIT VISN*  
3. Visit Number...

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*VISDT*  
4. Visit Date: mm/dd/yyyy...

People often experience events that are unpleasant or stressful. We are interested in how you typically handle or cope with stress. The items below represent thoughts or behaviors that people use to cope with stress. Enter the number next to each question to show how often you cope with stress in that way.

Respond to the following questions using the following codes:

- 1=Never
- 2=Seldom
- 3=Sometimes
- 4=Often
- 5=Almost always

- 5. I make a plan of action and follow it ..... ACT-PLAN
- 6. I look for the silver lining or try to look on the bright side of things ..... BRIGHT-SIDE
- 7. I try to spend time alone ..... TIME-ALONE
- 8. I hope the problem will take care of itself ..... PROBLEM
- 9. I try to let my emotions out ..... EMOTION
- 10. I try to talk about it with a friend or family ..... TALK-FRIEND
- 11. I try to put the problem out of my mind ..... OUT-MIND

- 12. I tackle the problem head-on ..... TACKLE-PROB
- 13. I step back from the situation and try to put things into perspective ..... STEP-BACK
- 14. I tend to blame myself ..... BLAME-SELF
- 15. I let my feelings out to reduce the stress ..... STRESS
- 16. I hope for a miracle ..... MIRACLE
- 17. I ask a close friend or relative that I respect for help or advice ..... ADVICE
- 18. I try not to think about the problem ..... NOT-THINK
- 19. I tend to criticize myself ..... CRITICIZE
- 20. I keep my thoughts and feelings to myself ..... SELF-THOUGHT
- 21. How was this form was administered (1=by the patient reading it, 2=by someone reading the questions to the patient, 3=both) ..... ADMINISTERED
- 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:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_/\_\_\_/\_\_\_\_\_