

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION - AASK COHORT STUDY DIENER SATISFACTION OF LIFE FORM # 191

This form is to be completed at baseline and annually thereafter.

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

4. Date (mm/dd/yyyy) / / ^{VISIT}

Below are five statements with which you may agree or disagree. Using the 1 to 7 below, indicate your agreement with each item by placing the appropriate number on the line by that item. Please be open and honest in your responding.

Codes for items 5 to 9:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Slightly disagree
- 4 = Neither agree nor disagree
- 5 = Slightly agree
- 6 = Agree
- 7 = Strongly agree

- 5. In most ways, my life is close to my ideal IDEAL
- 6. The conditions of my life are excellent EXCELLENT
- 7. I am satisfied with my life SATISFIED
- 8. So far, I have gotten the important things I want in life IMPORTANT
- 9. If I could live my life over, I would change almost nothing CHANGE

10. 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: ____/____/____