

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

Grid for Identification Number (PID)

1. Identification Number....

Grid for Name Code (NAMECODE)

2. Name Code...

Grid for Visit (VIST)

Grid for Visit Number (VISN)

3. Visit Number...

Grid for Visit Date (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: ___/___/_____