



54085

UNC Alumni Heart Study: Q 13
QUESTIONS BOOKLET
Do NOT Return

Please read each question in this booklet fully before marking your response on the answer sheets. We provide "hints" on each answer line to aid in keeping your responses in the correct spaces; however, it is essential that you read and consider all parts of the questions before responding.

(Turn to Cover of the Answer Booklet)

This **cover sheet** should be completed as usual with our Questionnaires. If you have a change or correction to your contact information or name, please note it on this sheet. Also, if you list anything in the Cardiovascular section of the Questionnaire (page 1), please sign the consent form if we have your permission to obtain copies of your medical records for that condition/procedure. This cover page will be removed from your answer booklet and filed in a separate location to protect your privacy.

(Turn to Page 1 of the Answer Booklet)

1. Health Status Updates: Please update us on any new conditions or procedures. You do not need to repeat information on a condition or procedure that you know you have reported previously unless there has been a change.

(Turn to Page 2 of the Answer Booklet)

2. Three Negative Events:

Negative Event #1: We would like to ask about 3 negative events. Please begin with a negative event that bothers you now and that involved actual or threatened death, serious injury, or threat to the physical integrity of yourself or others. By event, we mean something that occurred within a single day. If no event meets this criterion, please choose a very negative or stressful event from your past that fits it most closely. Provide a description of the event on page 2 of the white Answer Booklet in the section labeled Negative Event #1.

Negative Event #2: Now please think back to a second negative event that bothers you now. If no event especially bothers you now, please choose a very negative or stressful event from your past. Provide a description of the event on page 2 of the Answer Booklet in the section labeled Negative Event #2.

Negative Event #3: Now please think back to a third negative event that bothers you now. If no event especially bothers you now, please choose a very negative or stressful event from your past. Provide a description of the event on page 2 of the Answer Booklet in the section labeled Negative Event #3.

(Turn to Page 3 of the Answer Booklet)



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Negative Events

Please answer the following 3 pages of questions for each of the negative events you have described. Record your responses for Negative Event #1 on page 3 of the white Answer Booklet, your responses to Negative Event #2 on page 4 of the Answer Booklet, and responses to Negative Event #3 on page 5 of the Answer Booklet.

Negative Event Categories: Using the list below of common categories of negative events, please choose the ONE category that best describes your event. Next, fill in your age at the time of the most severe occurrence of the event.

1. A natural disaster that badly injured you or killed someone
2. A motor vehicle accident that badly injured you or killed someone
3. Another kind of accident where you or someone else was badly injured
4. Warfare or combat
5. The unexpected death of a loved one
6. A loved one surviving a life threatening or disabling accident or illness
7. A life threatening illness
8. Personally experiencing or witnessing a robbery involving a weapon
9. Being beaten up by a stranger or acquaintance
10. Witnessing a stranger or an acquaintance attack someone and injure or kill them
11. Someone threatening to kill or seriously harm you
12. Being physically punished while growing up
13. Witnessing family violence while growing up
14. Physically hurt by partner or spouse
15. Unwanted touching of sexual parts while growing up
16. Unwanted touching of sexual parts as an adult
17. Being stalked
18. Your or your partner's pregnancy that did not end in a live birth
19. Other life threatening or highly disturbing event that does not fit in these categories
20. An experience you do not wish to name

A. Memory: We are interested in your memory of the event, so please think about the memory for awhile before answering the following.

A 1. While remembering the event, the emotions that I feel are extremely intense.

A 2. While remembering the event, I had a physical reaction (laughed, felt tense, felt sweaty, felt cramps or butterflies in my stomach, my heart pounded or raced, etc.).

A 3. Since it happened, I have willfully thought back to the event in my mind and thought about it or talked about it.

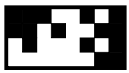
A 4. Has the memory of the event suddenly popped up in your thoughts by itself - that is, without your having attempted to remember it?

A 5. I believe the event in my memory really occurred in the way that I remember it and that I have not imagined or fabricated anything that did not occur.

A 6. While remembering the event, the emotions are extremely negative or extremely positive.

A 7. While remembering the event, I feel as though I am reliving it.

A 8. While remembering the event, I know the setting where it occurred.



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Negative Events

Memory, continued:

A 9. While remembering the event, I can see it in my mind.

A10. While remembering the event, I can hear it in my mind.

A11. While remembering the event, I can smell it.

A12. While remembering the event, it comes to me in words.

A13. While remembering the event, it comes to me in words or pictures as a coherent story or episode and not as an isolated fact, observation, or scene.

A14. My memory comes in pieces with missing bits.

The following two questions may require a bit of added explanation. When remembering an event, most people imagine the scene in one of two ways. One way is as an outside observer, or onlooker, looking at the situation from an external vantage point (e.g., a bird's eye view), where the person remembering may see him or herself in the memory. Another way is through one's own eyes, from roughly the same viewpoint that it was originally experienced. You may remember an event only from an observer's perspective, or only from your own eyes, or from both perspectives, changing between perspectives while thinking about the event.

A15. Did you experience the memory from your own eyes?

A16. Did you experience the memory from an observer's perspective?

B. Impact: Please indicate how much you disagree or agree with the following statements:

B1. I feel that this event has become part of my identity.

B2. This event has become a reference point for the way I understand myself and the world.

B3. I feel that this event has become a central part of my life story.

B4. This event has colored the way I think and feel about other experiences.

B5. This event permanently changed my life.

B6. I often think about the effects this event will have on my future.

B7. This event was a turning point in my life.

C. Response to Event:

C1. Did this event involve actual or threatened death, serious injury, or threat to the physical integrity of yourself or others?

C2. Did you experience intense fear, helplessness, or horror when it happened?

C3. How much physical damage did the event do to you or others very close to you?

C4. How much emotional damage did the event do to you or others very close to you?

C5. How much financial damage did the event do to you or others very close to you?

C6. Overall, how much does this event affect your future?

C7. Overall, I believe that if the event happened to most people, they would consider the severity of the event as...?



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Negative Events

D. Effect: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. For the event that you indicated, please read each statement carefully, then indicate how much you have been bothered by that problem in the past month.

- D1. Repeated, disturbing memories, thoughts, or images of the event.
- D2. Repeated, disturbing dreams of the event.
- D3. Suddenly acting or feeling as if the event were happening again (as if you were reliving it).
- D4. Feeling very upset when something reminded you of the event.
- D5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the event.
-
- D6. Avoiding thinking about or talking about the event or avoiding having feelings related to it.
- D7. Avoiding activities or situations because they reminded you of the event.
- D8. Avoiding people or conversations because they reminded you of the event.
- D9. Trouble remembering important parts of the event.
- D10. Blaming yourself or others for the cause or consequences of the negative event.
-
- D11. Having exaggerated negative expectations about yourself, others, or the world.
For example, "I am bad" or "No one can be trusted".
- D12. Being filled with negative emotions including: fear, horror, anger, guilt, shame.
- D13. Loss of interest in activities that you used to enjoy.
- D14. Feeling distant or cut off from other people.
- D15. Feeling emotionally numb or being unable to have loving feelings for those close to you.
-
- D16. Feeling as if your future somehow will be cut short.
- D17. Trouble falling or staying asleep.
- D18. Feeling irritable or having angry outbursts.
- D19. Behaving in an irritable, angry or aggressive manner.
- D20. Behaving in a reckless or self-destructive manner.
-
- D21. Having difficulty concentrating.
- D22. Being "super alert" or watchful or on guard.
- D23. Feeling jumpy or easily startled.

E. Frequency: Now that you have finished rating the effect this event had on you, please indicate how many times this event or one similar to it happened to you. It may have happened only once or multiple times. Please record the number of times the event occurred in the box provided.



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Positive Event

(Turn to Page 6 of the Answer Booklet)

3. Positive Event: Now please think back on the most positive event in your life, the one that brings you the most pride or happiness now. Please describe the event in the space provided. Next, using the list below of common categories of positive events, please choose the **ONE** category that your event fits best, and then fill in your AGE at the time. Your event need not belong to one of the first 21 categories.

- | | |
|--|---|
| 1. Acceptance to the college of your choice | 12. Your marriage proposal was accepted |
| 2. Receiving a scholarship for college | 13. Your wedding day |
| 3. Receiving college or graduate degree | 14. The birth or adoption of your child |
| 4. Being hired | 15. Your child's accomplishment |
| 5. A work achievement | 16. Your child's graduation from college |
| 6. A work promotion | 17. Your child's marriage |
| 7. A recognition at work or award from peers | 18. The birth of a grandchild |
| 8. A business decision | 19. Giving your life to God |
| 9. Retirement | 20. A vacation dream realized |
| 10. Meeting your future spouse | 21. An experience you do not wish to name |
| 11. Falling in love | 22. Other event that does not fit in these categories |

A. Memory: We are interested in your memory of the event, so please think about the memory for awhile before answering the following.

A 1. While remembering the event, the emotions that I feel are extremely intense.

A 2. While remembering the event, I had a physical reaction (laughed, felt tense, felt sweaty, felt cramps or butterflies in my stomach, my heart pounded or raced, etc.).

A 3. Since it happened, I have willfully thought back to the event in my mind and thought about it or talked about it.

A 4. Has the memory of the event suddenly popped up in your thoughts by itself - that is, without your having attempted to remember it?

A 5. I believe the event in my memory really occurred in the way that I remember it and that I have not imagined or fabricated anything that did not occur.

A 6. While remembering the event, the emotions are extremely negative or extremely positive.

A 7. While remembering the event, I feel as though I am reliving it.

A 8. While remembering the event, I know the setting where it occurred.

A 9. While remembering the event, I can see it in my mind.

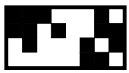
A10. While remembering the event, I can hear it in my mind.

A11. While remembering the event, I can smell it.

A12. While remembering the event, it comes to me in words.

A13. While remembering the event, it comes to me in words or pictures as a coherent story or episode and not as an isolated fact, observation, or scene.

A14. My memory comes in pieces with missing bits.



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Positive Event

Memory, continued:

The following two questions may require a bit of added explanation. When remembering an event, most people imagine the scene in one of two ways. One way is as an outside observer, or onlooker, looking at the situation from an external vantage point (e.g., a bird's eye view), where the person remembering may see him or herself in the memory. Another way is through one's own eyes, from roughly the same viewpoint that it was originally experienced. You may remember an event only from an observer's perspective, or only from your own eyes, or from both perspectives, changing between perspectives while thinking about the event.

A15. Did you experience the memory from your own eyes?

A16. Did you experience the memory from an observer's perspective?

B. Impact: Please indicate how much you disagree or agree with the following statements:

B1. I feel that this event has become part of my identity.

B2. This event has become a reference point for the way I understand myself and the world.

B3. I feel that this event has become a central part of my life story.

B4. This event has colored the way I think and feel about other experiences.

B5. This event permanently changed my life.

B6. I often think about the effects this event will have on my future.

B7. This event was a turning point in my life.

C. Response to Event:

C1. How much did the event improve your emotional well-being or the emotional well-being of others very close to you?

C2. How much did the event improve your finances or the finances of others very close to you?

C3. Overall, how much does this event affect your future?

C4. Overall, I believe that if the event happened to most people, they would consider the positive impact of the event as...?

D. Effect: For the positive event that you just described, please read each of the following statements carefully and fill in the circle that indicates how much you have been affected by it in the past month.

D1. Repeated memories, thoughts, or images of the event.

D2. Repeated dreams of the event.

D3. Suddenly acting or feeling as if the event were happening again (as if you were reliving it).

D4. Feeling very happy when something reminded you of the event.

D5. Having physical reactions (e.g., smiling, laughing) when something reminded you of the event.

D6. Trouble remembering important parts of the event.



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(Turn to Page 7 of the Answer Booklet)

4. Please rate:

1. Your current health
2. Your memory
3. Your ability to cope with stress
4. Your current financial well-being
5. The support you receive from persons close to you

5. Memory problems are a major concern for us as we age. As members of the UNCAHS are mostly approaching age 65, we would like a baseline of your views about how well your memory is functioning compared to five years ago. Please darken the circle that indicates the change in your memory for each statement below. If nothing has changed, you can simply mark "no different" for each.

1. My ability to search through my mind and recall names I know are there is:
2. I think my relatives and acquaintances now judge my memory to be:
3. My ability to hold in my memory things that I have learned is:
4. My ability to recall things when I really try is:
5. The tendency for a past memory to be "on the tip of my tongue" but not available to me is:

6. My ability to remember the names and faces of people I meet is:
7. My ability to know when the things I am paying attention to are going to stick in my memory is:
8. My ability to remember things that happened more than a year ago is:
9. My ability now to remember what I read and what I watch on television is:
10. My ability to make sense out of what people explain to me is:

11. My ability to remember what I was doing after I have taken my mind off of it for a few minutes is:
12. My ability to pay attention to what goes on around me is:
13. If I were asked about it a month from now, my ability to remember facts about this form I am filling out would be:
14. My ability to recall things that happened a long time ago is:
15. My ability to reach back in my memory and recall what happened a few minutes ago is:

16. My ability to follow what people are saying is:
17. My general alertness to things happening around me is:
18. My ability to recall things that happened during my childhood is:



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6. Relationships: The following statements concern how you generally feel in close relationships (for example, with romantic partners, close friends, or family members). Respond to each statement by indicating how much you agree or disagree with it.

1. It helps to turn to close others in times of need.
 2. I need a lot of reassurance that I am loved by others.
 3. I want to get close to others, but I keep pulling back.
 4. I find that my close relationship partners don't want to get as close as I would like.
 5. I turn to close relationship partners for many things, including comfort and reassurance.
 6. My desire to be very close sometimes scares people away.
-
7. I try to avoid getting too close to others.
 8. I do not often worry about being abandoned.
 9. I usually discuss my problems and concerns with close others.
 10. I get frustrated if relationship partners are not available when I need them.
 11. I am nervous when another person gets too close to me.
 12. I worry that others won't care about me as much as I care about them.

(Turn to Page 8 of the Answer Booklet)

7. Behavior Modification: We are interested in your patterns of risk factor behavior over time. The following questions address your lifetime experience with some important risk factors for disease development.

- A. Smoking: 1. What is your lifetime experience with smoking?
2. *If you are a current smoker*, how much time passes between when you wake up each morning and your first cigarette of the day?
- B. Weight Management: What is your lifetime experience with weight management?
- C. Exercise: What is your lifetime experience with exercise?
- D. Chronic Pain: What is your experience with any type of chronic pain over your lifetime?

8. Work and Income:

- A. What is your current employment status?
- B. What is your spouse's current employment status?
- C. Which category best describes your annual family income?
- D. Please indicate on the scale how sufficient your income is when considering your commitments, responsibilities and the lifestyle choices you have made.

9. Probabilities: Economists measure behavioral choices by asking folks to indicate the likelihood that something will happen on a scale of 0-100%, with 0% indicating absolutely no chance and 100% indicating complete certainty that it will happen.

What do you feel the probability is that:

1. You will live 10 more years?
2. You will live 20 more years?
3. You will live 30 more years?
4. You will develop heart disease (mark 100 if you already have it)?
5. You will develop Alzheimer's disease (mark 100 if you already have it)?



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10A. Economic Issues: Suppose you suffer from a chronic illness which has no effect on quality of life, but which will definitely shorten your life expectancy. You have two options:

Option 1: Take no medication for the illness, and live 20 years with certainty

Option 2: Take a medication for the illness. The medication may prolong your life expectancy to 30 years, but you may also die suddenly 10 years from now.

Which of the options above would you choose in consideration of the following probabilities?

If you take medication you have:

- 1.) 100% probability of prolonging your life 30 years and 0% probability of dying suddenly in 10 years
- 2.) 90% probability of prolonging your life 30 years and 10% probability of dying suddenly in 10 years
- 3.) 80% probability of prolonging your life 30 years and 20% probability of dying suddenly in 10 years
- 4.) 70% probability of prolonging your life 30 years and 30% probability of dying suddenly in 10 years
- 5.) 60% probability of prolonging your life 30 years and 40% probability of dying suddenly in 10 years
- 6.) 50% probability of prolonging your life 30 years and 50% probability of dying suddenly in 10 years
- 7.) 40% probability of prolonging your life 30 years and 60% probability of dying suddenly in 10 years

What is the **smallest probability** (percent) you'd accept to take the medication for the possibility of prolonging your life 30 years but also taking a chance of dying suddenly in 10 years versus taking no medication and living 20 years with certainty?

10B. Assume that you know that your annual income will be \$100,000 and, at the beginning of the year, you have to decide whether or not to purchase health insurance. In this simple world, suppose the only health risk you face this year is that there is a 30% chance that you will fall ill and need \$40,000 worth of medical care and a 70% chance that you will not get sick and therefore need no medical care. The insurance contract that is available (for a price) is one that will fully cover the \$40,000 in medical care if it is needed. Based on these probabilities of illness, the expected financial loss (i.e., medical care expense) is \$12,000 [= (0.30)x\$40,000 + (0.70)x\$0]. Hence, the actuarially fair price of health insurance (which protects you against this financial loss) is \$12,000. (Actuarially fair means that the insurance company will collect enough revenue from those who purchase insurance to cover the expenses of the fraction of insured people who actually get sick and need care.) By choosing an option below, you are revealing how much money you are willing to pay to escape or avoid the uncertainty of not knowing whether you will get sick and experience the financial loss. That is, you may be willing to accept the risk, to take the chance of getting sick, and hence have \$100,000 to spend on things other than medical care if you do not get sick or \$60,000 to spend on things other than medical care if you do get sick. OR, you may prefer to eliminate the risk by purchasing an insurance contract that guarantees you a specific amount of money (\$100,000 minus the premium) to spend on other things. At the specified price of health insurance below, which of the following options would you prefer?

Option 1: You purchase no insurance. There is a 30% chance you will have to spend \$40,000 on medical care and a 70% chance you will need to spend nothing on medical care.

Option 2: You purchase insurance. The annual premium is \$ x and the policy will fully cover the \$40,000 in medical care if you need it this year. As with all insurance, you pay the premium regardless of whether or not you need the medical care.

Which option would you prefer if the insurance premium was:

- 1.) \$11,900
- 2.) \$12,000
- 3.) \$12,050
- 4.) \$12,150
- 5.) \$12,300
- 6.) \$12,500
- 7.) \$13,000

What is the **largest premium** amount you'd be willing to pay for the insurance?

THE END
Thank you!!

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OFFENDING COMMAND: --nostringval--

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