

Tingwei Adeck_Biostatistics 1 Survey

Record ID

Title: Key Predictors of Depression and Anxiety following Myocardial Infarction

Welcome to my Biostats I survey with Dr. Gaddis.
The aim of this survey to understand the key predictors of depression and anxiety following hospitalization for myocardial infarction.
Please assist our study by taking this survey.
Thanks!

[Attachment: "depression survey primer.jpg"]

Demographics

- | | |
|--|--|
| Age Self-identification | <input type="checkbox"/> Under 18
<input type="checkbox"/> 18-24
<input type="checkbox"/> 25-34
<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54
<input type="checkbox"/> 55-64
<input type="checkbox"/> Over 65 |
| Race Self-identification | <input type="checkbox"/> Black or African-American
<input type="checkbox"/> White
<input type="checkbox"/> Latino
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Choose not to self-identify/Other |
| Gender Identification/Pronoun | <input type="checkbox"/> Cisgender Male (He/Him)
<input type="checkbox"/> Cisgender Female(Her/Hers)
<input type="checkbox"/> Queer (Them/They)
<input type="checkbox"/> Transgender Male(He/Him)
<input type="checkbox"/> Transgender Female (Her/Hers)
<input type="checkbox"/> Unidentified gender (No pronouns) |
| Sexual Orientation self-identification | <input type="checkbox"/> Asexual
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Gay/Lesbian
<input type="checkbox"/> Heterosexual/straight
<input type="checkbox"/> Pansexual
<input type="checkbox"/> Queer
<input type="checkbox"/> Unidentified sexual orientation/Other |

Socio/Economic Indicators

- | | |
|--------------------------------|--|
| Residence Type identification | <input type="radio"/> Urban
<input type="radio"/> Metropolitan
<input type="radio"/> Rural
<input type="radio"/> Suburban |
| Marital or Relationship Status | <input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> In a long term relationship or partnership
<input type="checkbox"/> Unidentified status |

Number of children	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 and above
Are you estranged from your family (parents and siblings)?	<input type="radio"/> Yes <input type="radio"/> No
Do you have any history of childhood abuse or trauma?	<input type="radio"/> Yes <input type="radio"/> No
Number of intimate friends	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Education Level Status	<input type="checkbox"/> Not completed High School <input type="checkbox"/> Completed High-school/GED <input type="checkbox"/> Up to Bachelor's Degree <input type="checkbox"/> Up to a Graduate Degree
Employment Status	<input type="radio"/> Yes <input type="radio"/> No
Grade your job satisfaction based on the scale below?	<input type="radio"/> Very Satisfied <input type="radio"/> Satisfied <input type="radio"/> Moderately Satisfied (Neutral) <input type="radio"/> Dissatisfied <input type="radio"/> Very Dissatisfied
How much income do you make?	<input type="radio"/> greater than 250,000 <input type="radio"/> 000-250,000 <input type="radio"/> 000-115,000 <input type="radio"/> 000-50,000 <input type="radio"/> less than 25000
Grade your annual after-tax income satisfaction?	<input type="radio"/> Satisfied <input type="radio"/> Very Satisfied <input type="radio"/> Neutral <input type="radio"/> Dissatisfied <input type="radio"/> Very dissatisfied
Do you currently have debt that gives you worry?	<input type="radio"/> Yes <input type="radio"/> No
Are you currently on food stamps?	<input type="radio"/> Yes <input type="radio"/> No
Health insurance coverage?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to afford your health care costs without worrying about finance for other necessities?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to afford mental health therapy sessions?	<input type="radio"/> Yes <input type="radio"/> No

Required Depression and Anxiety (D&A) predictors

How long has it been since your myocardial infarction?	<input type="radio"/> 1-3 months <input type="radio"/> 4-6 months <input type="radio"/> 7-9 months <input type="radio"/> 10-12 months <input type="radio"/> > 12 months
How many prior coronary hospital admissions have you experienced?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> greater than 5
How many non-coronary hospital admissions have you had prior to your myocardial infarction?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> >5
During your prior coronary hospitalizations, did you get visits from family and intimate or close friends?	<input type="radio"/> Yes <input type="radio"/> No
Do you presently experience angina or chest pain (at rest or while being active)?	<input type="radio"/> Yes <input type="radio"/> No
What is the severity of your angina?	<input type="radio"/> Class I (can perform ordinary activity) <input type="radio"/> Class II (slight limitation in ordinary activity) <input type="radio"/> Class III (marked limitation in ordinary activity) <input type="radio"/> Class IV (Inability to carry out any physical activity or angina at rest)
What is your perception of your coronary disease?	<input type="radio"/> Positive (Optimistic) <input type="radio"/> Negative (Pessimistic) <input type="radio"/> Neutral (Neither positive nor negative)
Do you have any family history of depression (genetic predisposition probe)?	<input type="radio"/> Yes <input type="radio"/> No
Do you have any hobbies outside of work?	<input type="radio"/> Yes <input type="radio"/> No
How many days in a week do you participate in any hobbies?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> >5
How many days a week do you exercise (if possible)?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> >5

How many minutes do you exercise on days of exercise?

☐ 5-14 minutes
☐ 15-30 minutes
☐ 31-60 minutes
☐ greater than 60 minutes

Do you experience any difficulties (wait time, busy schedule etc) in accessing your physician for continuous care?

☐ Yes
☐ No

Rate your physician care satisfaction for hospitalizations and follow up visits?

☐ Very satisfied
☐ satisfied
☐ neutral
☐ dissatisfied
☐ very dissatisfied

Are you currently dependent on any pain medications?

☐ Yes
☐ No

Are you currently dependent on alcohol?

☐ Yes
☐ No

Do you take part in mental health therapy sessions?

☐ Yes
☐ No

How many days a week do you engage in sessions with a mental health therapist?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ greater than 5

Does your health insurance include coverage for mental health therapy?

☐ Yes
☐ No

How much do you pay on average for a therapy session?

☐ less than 60\$
☐ 60-120\$
☐ greater than 120 \$

Do engage in any form of meditation (spiritual/biblical, non-spiritual or guided)?

☐ Yes
☐ No

How many days a week do you meditate?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ >5

How many times a day do you meditate?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ >5

Do you feel more happy with life on days or weeks when you meditate? ☐ Yes
☐ No

Does meditation help you gain a positive perspective on your coronary condition? ☐ Yes
☐ No

Health Anxiety and Depression Scale (HADS)

This is the outcome and should match our predictors.

Scoring:

Total score: Depression (D) _____ Anxiety (A) _____

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

I feel tense or 'wound up': ☐ Most of the time = 3
☐ A lot of the time = 2
☐ From time to time, occasionally = 1
☐ Not at all = 0

I still enjoy the things I used to enjoy: ☐ Definitely as much = 0
☐ Not quite so much = 1
☐ Only a little = 2
☐ Hardly at all = 3

I get a sort of frightened feeling as if something awful is about to happen: ☐ Very definitely and quite badly = 3
☐ Yes, but not too badly = 2
☐ A little, but it doesn't worry me = 1
☐ Not at all = 0

I can laugh and see the funny side of things: ☐ As much as I always could = 0
☐ Not quite so much now = 1
☐ Definitely not so much now = 2
☐ Not at all = 3

Worrying thoughts go through my mind: ☐ A great deal of the time = 3
☐ A lot of the time = 2
☐ From time to time, but not too often = 1
☐ Only occasionally = 0

feel cheerful: ☐ Not at all = 3
☐ Not often = 2
☐ Sometimes = 1
☐ Most of the time = 0

I can sit at ease and feel relaxed: ☐ Definitely = 0
☐ Usually = 1
☐ Not Often = 2
☐ Not at all = 3

I feel as if I am slowed down: ☐ Nearly all the time = 3
☐ Very often = 2
☐ Sometimes = 1
☐ Not at all = 0

I get a sort of frightened feeling like 'butterflies'
in the stomach:

- ☐ Not at all=0
 - ☐ Occasionally=1
 - ☐ Quite Often=2
 - ☐ Very Often=3
-

I have lost interest in my appearance:

- ☐ Definitely=3
 - ☐ I don't take as much care as I should=2
 - ☐ I may not take quite as much care=1
 - ☐ I take just as much care as ever =0
-

I feel restless as I have to be on the move:

- ☐ Very much indeed=3
 - ☐ Quite a lot=2
 - ☐ Not very much=1
 - ☐ Not at all=0
-

I look forward with enjoyment to things:

- ☐ As much as I ever did=0
 - ☐ Rather less than I used to=1
 - ☐ Definitely less than I used to=2
 - ☐ Hardly at all=3
-

I get sudden feelings of panic:

- ☐ Very often indeed=3
 - ☐ Quite often=2
 - ☐ Not very often=1
 - ☐ Not at all=0
-

I can enjoy a good book or radio or TV program:

- ☐ Often=0
 - ☐ Sometimes=1
 - ☐ Not often=2
 - ☐ Very seldom=3
-

Thank you for taking this survey!
provide feedback for a chance to win a gift card.

This survey was enjoyable

- ☐ True
- ☐ False