



# PREFERENCE SURVEY

ID NUMBER:

FORM CODE: 

C	P	S
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DATE: 1/29/2018  
Version 1.0

**Instructions:** This form is completed during the visit on all ARIC participants, regardless of their eligibility for or agreement to a CT Scan.

## ADMINISTRATIVE INFORMATION:

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**This questionnaire asks your perception of your health and attitude toward medications to prevent a heart attack.**

**The first question asks how satisfied you feel, on a scale from 0 to 10, with 0 meaning you feel “not at all satisfied” and 10 meaning you feel “completely satisfied.”**

1. Overall, how satisfied are you with life these days?

Not at all Satisfied											Completely Satisfied
	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Compared to other people your age and sex, how would you rate your risk of a heart attack?

Much higher than average	Higher than average	About average	Lower than average	Much lower than average
A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please rate how strongly you agree or disagree with the following statement:**

3. Taking medication helps prevent a heart attack in people your age.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>