

MARRIAGE AND HEALTH STUDY

Date: _____

Phone: _____

Name: _____

Email: _____

Gender: _____

Address: _____

Ethnicity (if multiracial please mark all that apply):

White Asian Pacific Islander Black Hispanic/Latino Native American

Other (please specify): _____

Thank you for your interest in participating in our study about relationships and cardiovascular risk. There are a few questions that I need to ask you in order to determine if you meet the necessary criteria for the study. Please put an "X" next to the appropriate response:

- 1) Have you been married for at least ten years? Y N
Are you between the ages of 30 and 50? Y N
- 2) Date of Birth (MM/DD/YYYY) _____
- 3) Has a healthcare provider ever diagnosed you with hypertension (high blood pressure)? Y N
- 4) Has a healthcare provider ever diagnosed you with a chronic disease such as diabetes? Y N
If so, what? _____
- 5) Are you on cardiovascular medication? Y N
If so, what? _____
- 6) Has a healthcare provider ever diagnosed you with a psychological disorder such as depression? Y N
If so, what condition and are you still in treatment? _____
- 7) Do you consume more than 10 alcoholic beverages a week? Y N

Would you prefer to receive a mailed check (\$125) or credit (3 credits – available to psychology students) upon study completion?

How did you hear about us (e.g., Facebook ad, flyer, participant pool)? _____

Thank you for filling out this questionnaire. Please save the form as Marriage and Health _ Eligibility Form _ Your Last Name and send it back via email. I will contact you shortly for scheduling times. If you have any questions, please email healthandrelationships@ gmail.com.