Interviewer: Check yesterday's interview to see if conflict follow-ups should be asked.								
ID Number:	Day:	Date:	Interview of 14					
nours. In each case persons can be anyl	v by asking about various ac , I want to know if you did th body family, friends, cow drink, dessert, cup of coffe	e activity alone or with orkers, neighbors, stran	others. The other person or ngers, etc.					
What?	Alone or with others		How long?					
		<u> </u>						
What?	Alone or with others	(whom)?	How long?					
	e activities away-from-homent, for a walk or a hike, etc.		s? Examples include going to a					
What?	Alone or with others	(whom)?	How long?					
	I							

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Interview #____

Did you do any work around the house during the past 24 hours? Examples include yard work, home improvements, cleaning, laundry, paperwork, etc. Y/N What? How long? Alone or with others (whom)? Did you do any family or personal errands away from home during the past 24 hours? Examples include grocery shopping, going to the doctor, taking the kids somewhere, getting the car repaired, etc. Y/N What? Alone or with others (whom)? How long? Did you do anything else during the past 24 hours? Examples include visiting with family or friends, going to church, exercising, working on homework, etc. (Interviewer: Only record things that lasted at least 15 minutes.) Y/N What? Alone or with others (whom)? How long? Other than what we've covered so far, how else did you spend time during the past 24 hours? Examples include meetings at work, telephone conversations, other face-to-face conversations not already mentioned, etc. (Interviewer: Only record things that lasted at least 15 minutes.) Y / N What? Alone or with others (whom)? How long?

version: 9/14/2009 Interview Diary 2 of 7 Now I'm going to ask you another set of questions about how you spent your time during the past 24 hours.

Persons Involved (check all that apply)

		Time (Circle AM or PM) Or N/A	Spouse / Partner	Child(ren)	Parent(s)	Friend(s)	Coworker(s)	Other Relative(s)	Other	Alone
1.	What time did you go to bed last night?	AM PM	0	0	0	0	0	0	0	0
2.	What time did you get out of bed today?	AM PM	0	0	0	0	0	0	0	0
3.	What time was your first contact (in person or by phone) with another person?	AM PM	0	0	0	0	0	0	0	
4.	What time did you have a morning beverage, such as coffee?	AM PM	0	0	0	0	0	0	0	0
5.	What time did you have breakfast?	AM PM	0	0	0	0	0	0	0	0
6.	What time did you go outside for the first time?	AM PM	0	0	0	0	0	0	0	0
7.	What time did you start school, housework, child or family care, volunteer activities?	AM PM	0	0	0	0	0	0	0	0
	7a. What time did you start paid work outside of your home?	AM PM	0	0	0	0	0	0	0	0
	7b. How many hours did you work? Hours									
8.	What time did you have lunch?	AM PM	0	0	0	0	0	0	0	0
9.	What time did you take an afternoon nap?	AM PM	0	0	0	0	0	0	0	0
	9a. How long was your nap?									
	HoursMinutes									
10	. What time did you have an afternoon snack / drink?	AM PM	0	0	0	0	0	0	0	0

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Persons Involved (check all that apply)

	Time (Circle AM or PM) Or N/A	Spouse / Partner	Child(ren)	Parent(s)	Friend(s)	Coworker(s	Other Relative(s)	Other	Alone
11. What time did you have dinner?	AM PM	0	0	0	0	0	0	0	0
12. What time did you begin any physical exercise?	AM PM	0	0	0	0	0	0	0	0
13. What time did you have an evening snack / drink?	AM PM	0	0	0	0	0	0	0	0
14. What time did you watch an evening TV news program?	AM PM	0	0	0	0	0	0	0	0
15. What time did you return home for the last time?	AM PM	0	0	0	0	0	0	0	0
16. Were you involved in another specific activity during the last 24 hours?	AM PM	0	0	0	0	0	0	0	0
17. Were you involved in another specific activity during the last 24 hours?	AM PM	0	0	0	0	0	0	0	0
		invo	olved		ext e	venir	note p ng's ir)		
18. During the past 24 hours, were you involved in any tension or disagreement with anyone?	YES NO	0	0	0	0	0	0	0	
19. Did you tell anyone about the best thing that happened to you today?	YES NO	0	0	0	0	0	0	0	
20. During the past 24 hours, did you spend any romantic time with another person? This includes things like making love, going for a romantic walk, cuddling in front of the television, etc.	YES NO	0	0	0	0	0	0	0	

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Interview #____

21. How many minutes of sleep did you lose between	and	(Interviewer: use
answers from above) because you had difficulty falling	asleep or yo	u woke up and couldn't get
back to sleep? minutes		
22. Did you spend any time in bed between and	intent	tionally awake (for instance
reading or watching TV)? Yes No		
[If YES] For how many minutes? min	nutes	
23. Did you feel rested from your sleep when you awoke this	s morning?	res No
24. During the past 24 hours, how much time did you spend	at home, exc	luding any time when you
were sleeping? hours		
25. What did you have for breakfast this morning?	High o	quality protein consumed
	Some	food, but no protein
	No bro	eakfast, or coffee/tea only
26. Did you have any of the following in the last 24 hours?	Fruit	
Interviewer: write Y or N only	Veget	ables
	Bread	or Cereal
	Dairy	products
	Meats	, poultry, or fish
27. Did anyone try to get you to act in a healthy way today (e	e.g., influencii	ng what you ate, drank,
smoked, or any risky behaviors)? Yes No		

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Follow-ups for Disagreements from the Previous 24-Hour Period

Int	terviewer: Check here if you should ask these questions.							
1. Yesterday you mentioned that you had a disagreement with your:								
 Spouse/Partner Child(ren) Parent(s) Friend(s) Coworker(s) Other Relative(s) Other(s) 								
	Have you thought about that disagreement since we last talked?							
Yes No								
	If YES:							
	1a. How bothersome has that been for you during the past 24 hours? Choose a number between 0 and 4, where 0 means "not at all bothersome" and 4 means "extremely bothersome."							

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Mood, Symptoms, Health Practices

Now I need you to tell me how you have felt since you got up this morning. I'll read a series of words and for each word you pick a number between 0 and 4, where 0 means "you haven't felt that way at all today" and 4 means "you've felt that way a lot today."

happy	0	1	2	3	4
tired	0	1	2	3	4
calm	0	1	2	3	4
sad	0	1	2	3	4
full of pep	0	1	2	3	4
hostile	0	1	2	3	4
on edge	0	1	2	3	4
lonely	0	1	2	3	4

fatigued	0	1	2	3	4
lively	0	1	2	3	4
angry	0	1	2	3	4
cheerful	0	1	2	3	4
tense	0	1	2	3	4
at ease	0	1	2	3	4
unhappy	0	1	2	3	4
isolated	0	1	2	3	4

Now tell me how much you have felt each of the following symptoms during the past 24 hours. Again, choose a number from 0 to 4, where 0=none, 1=mild, 2=moderate, 3=severe, 4=very severe.

congestion	0	1	2	3	4
cough	0	1	2	3	4
chills	0	1	2	3	4
sore throat	0	1	2	3	4

headache	0	1	2	3	4
sneezing	0	1	2	3	4
runny nose	0	1	2	3	4
feeling under the weather	0	1	2	3	4

1.	Were allergies giving you a problem during the past 24 hours?	Yes	No
2.	Do you think that you have a cold or the flu?	Yes	No
3.	Did you smoke any tobacco products during the past 24 hours?	Yes	No
	IF YES, what and how many?		
4.	Did you consume any alcoholic drinks during the past 24 hours?	Yes	No
	IF YES, what and how many?		
5.	Did you exercise long enough to work up a sweat or get your heart thu	mping dւ	ring the past 24
	hours?	Yes	No
	IF YES, for how many minutes did you exercise?		
6.	Has anyone hugged you during the past 24 hours?	Yes	No

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