Interviewer: Check yesterday's interview to see if conflict follow-ups should be asked.
$\qquad$ Day: $\qquad$ Date: $\qquad$ Interview of 14

I'll start the interview by asking about various activities that you may have done during the past 24 hours. In each case, I want to know if you did the activity alone or with others. The other person or persons can be anybody --- family, friends, coworkers, neighbors, strangers, etc.

Did you have a meal, drink, dessert, cup of coffee, etc. during the past 24 hours? Y/N

| What? | Alone or with others (whom)? | How long? |
| :--- | :--- | :--- |
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Did you do any leisure activities at home during the past 24 hours? Examples include watching TV, reading, listening to music, playing a game, etc. Y/N

| What? | Alone or with others (whom)? | How long? |
| :--- | :--- | :--- |
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Did you do any leisure activities away-from-home during the past 24 hours? Examples include going to a movie, a sporting event, for a walk or a hike, etc. Y/N

| What? | Alone or with others (whom)? | How long? |
| :--- | :--- | :--- |
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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? | Alone or with others (whom)? | How long? |
| :--- | :--- | :--- |
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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? |
| :--- | :--- | :--- |
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|  |  |  |

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? |
| :--- | :--- | :--- |
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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? |
| :--- | :--- | :--- |
|  |  |  |
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|  |  |  |
|  |  |  |

Now I'm going to ask you another set of questions about how you spent your time during the past $\mathbf{2 4}$ hours.

Time (Circle AM or PM) Or N/A

Persons Involved (check all that apply)

|  | Time <br> (Circle AM or Or N/A |  |  |  |  |  | 0 0 0 0 0 0 0 0 |  | ¢ | $\stackrel{\text { ® }}{\text { ¢ }}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. What time did you go to bed last night? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | O | O | O | $\bigcirc$ | O | O |
| 2. What time did you get out of bed today? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | O | $\bigcirc$ | $\bigcirc$ | O |
| 3. What time was your first contact (in person or by phone) with another person? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | O | $\bigcirc$ | O |  |
| 4. What time did you have a morning beverage, such as coffee? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | O | $\bigcirc$ | O | O | $\bigcirc$ | O | $\bigcirc$ |
| 5. What time did you have breakfast? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ |
| 6. What time did you go outside for the first time? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | O | O | O | $\bigcirc$ | O | $\bigcirc$ |
| 7. What time did you start school, housework, child or family care, volunteer activities? |  | $\begin{aligned} & \text { AM } \\ & \text { PM } \end{aligned}$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | O | $\bigcirc$ |
| 7a. What time did you start paid work outside of your home? |  | AM <br> PM | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | $\bigcirc$ | O | O |

7b. How many hours did you work?
$\qquad$ Hours
8. What time did you have lunch?

AM
PM
9. What time did you take an afternoon nap?

9a. How long was your nap?
$\qquad$ Hours $\qquad$ Minutes
10. What time did you have an

AM afternoon snack / drink?

PM
$\qquad$

Time (Circle AM or PM) Or N/A
11. What time did you have dinner?
12. What time did you begin any physical exercise?
13. What time did you have an evening snack / drink?
14. What time did you watch an evening TV news program?
15. What time did you return home for the last time?
16. Were you involved in another specific activity during the last 24 hours?
17. Were you involved in another specific activity during the last 24 hours?
(Interviewer: for Q.18, note person involved on next evening's interview for follow-up questions)
18. During the past 24 hours, were you involved in any tension or disagreement with anyone?
19. Did you tell anyone about the best thing that happened to you today?
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

YES
NO

YES
NO
21. How many minutes of sleep did you lose between $\qquad$ and $\qquad$ answers from above) because you had difficulty falling asleep or you woke up and couldn't get back to sleep? $\qquad$ minutes
22. Did you spend any time in bed between $\qquad$ and $\qquad$ intentionally awake (for instance, reading or watching TV)? Yes No
[If YES] For how many minutes? $\qquad$ minutes
23. Did you feel rested from your sleep when you awoke this morning? Yes No
24. During the past 24 hours, how much time did you spend at home, excluding any time when you were sleeping? $\qquad$ hours
25. What did you have for breakfast this morning?
$\qquad$
26. Did you have any of the following in the last $\mathbf{2 4}$ hours? Interviewer: write Y or N only
__High quality protein consumed Some food, but no protein
___No breakfast, or coffee/tea only
$\qquad$ Fruit
__Vegetables
Bread or Cereal
__Dairy products
Meats, poultry, or fish
27. Did anyone try to get you to act in a healthy way today (e.g., influencing what you ate, drank, smoked, or any risky behaviors)? Yes No
$\qquad$

Interviewer: Check here if you should ask these questions. $\square$

1. Yesterday you mentioned that you had a disagreement with your:
O Spouse/Partner
O Coworker(s)
O Child(ren)
O Other Relative(s)
O Parent(s)
O Other(s)
O Friend(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." $\qquad$
$\qquad$

## 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 $\mathbf{2 4}$ 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 <br> the weather | 0 | 1 | 2 | 3 | 4 |

1. Were allergies giving you a problem during the past 24 hours?
2. Do you think that you have a cold or the flu?
3. Did you smoke any tobacco products during the past 24 hours?

IF YES, what and how many?
4. Did you consume any alcoholic drinks during the past $\mathbf{2 4}$ hours?

IF YES, what and how many?
5. Did you exercise long enough to work up a sweat or get your heart thumping during the past 24 hours?

No

IF YES, for how many minutes did you exercise? $\qquad$
6. Has anyone hugged you during the past $\mathbf{2 4}$ hours?

Yes No
$\qquad$

