

*Interviewer: Check yesterday's interview to see if conflict follow-ups should be asked.*

ID Number: \_\_\_\_\_

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Interview \_\_\_ of 14

I'll start the interview by asking about various activities that you may have done with someone else during the past 24 hours. Remember, I'm only interested in those activities that you did with another person or other people. 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.** with anyone during the past 24 hours? Y / N

What?	With whom?	How long?

Did you do any **leisure activities at home** with anyone during the past 24 hours? Examples include watching TV, reading, listening to music, playing a game, etc. Y / N

What?	With whom?	How long?

Did you do any **leisure activities away-from-home** with anyone during the past 24 hours? Examples include going to a movie, a sporting event, for a walk or a hike, etc. Y / N

What?	With whom?	How long?

Did you do **work around the house** with anyone during the past 24 hours? Examples include yard work, home improvements, cleaning, laundry, paperwork, etc. Y / N

What?	With whom?	How long?

Did you do any **family or personal errands away from home** with anyone 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?	With whom?	How long?

Did you do **anything else** with anyone 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?	With whom?	How long?

**Other than what we've covered so far, did you spend time with anybody 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?	With whom?	How long?

Now I'm going to ask you another set of questions about how you spent your time during the past 24 hours.

1. During the past 24 hours, how much time did you spend doing paid work outside of your home? \_\_\_\_\_ hours
  
2. What time did you lie down to go to sleep last night? \_\_\_\_\_ am / pm
  
3. What time did you get out of bed this morning? \_\_\_\_\_ am / pm
  
4. How many minutes of sleep did you lose between \_\_\_\_\_ and \_\_\_\_\_  
(Interviewer: use answers from above) because you had difficulty falling asleep or you woke up and couldn't get back to sleep? \_\_\_\_\_ minutes
  
5. Did you spend any time in bed between \_\_\_\_\_ and \_\_\_\_\_ intentionally awake (for instance, reading or watching TV)?    Yes    No  
    [If YES] For how many minutes? \_\_\_\_\_ minutes
  
6. Did you feel rested from your sleep when you awoke this morning?    Yes    No
  
7. During the past 24 hours, how much time did you spend at home, excluding any time when you were sleeping? \_\_\_\_\_ hours

## Questions about Interactions with Spouse/Partner

Now I'm going to ask you specifically about time you spent with your spouse/partner during the past 24 hours.

1. During the past 24 hrs, did you share something personal with your spouse/partner?

Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did s/he show interest? \_\_\_\_\_
2. Was s/he critical? \_\_\_\_\_
3. Did s/he display caring? \_\_\_\_\_
4. Did you feel like you burdened him/her? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

2. During the past 24 hrs, did your spouse/partner share something personal with you?

Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did you show interest? \_\_\_\_\_
2. Were you critical? \_\_\_\_\_
3. Did you display caring? \_\_\_\_\_
4. Were you burdened by him/her? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

3. During the past 24 hrs, were you involved in any tension or disagreement with your spouse/partner?

Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did you feel angry? \_\_\_\_\_
2. Did you feel misunderstood? \_\_\_\_\_
3. Did you feel upset? \_\_\_\_\_
4. Did you feel treated unfairly? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

4. During the past 24 hrs, did you and your spouse/partner spend some "romantic" time together? This includes things like making love, going for a romantic walk, cuddling in front of the television, etc. Yes No

## Questions about Interactions with Persons Other Than Spouse/Partner

Now I'm going to ask you about time you spent with people other than your spouse/partner during the last 24 hours.

1. During the past 24 hrs, did you share something personal with anyone other than your spouse/partner? Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did s/he show interest? \_\_\_\_\_
2. Was s/he critical? \_\_\_\_\_
3. Did s/he display caring? \_\_\_\_\_
4. Did you feel like you burdened him/her? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

2. During the past 24 hrs, did anyone other than your spouse/partner share something personal with you? Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did you show interest? \_\_\_\_\_
2. Were you critical? \_\_\_\_\_
3. Did you display caring? \_\_\_\_\_
4. Were you burdened by him/her? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

3. During the past 24 hrs, were you involved in any tension or disagreement with anyone other than your spouse/partner? Yes No

*[If YES, ask each of the following and give response choices.]*

1. Did you feel angry? \_\_\_\_\_
2. Did you feel misunderstood? \_\_\_\_\_
3. Did you feel upset? \_\_\_\_\_
4. Did you feel treated unfairly? \_\_\_\_\_

### Response Choices

0 = not at all  
1  
2 = somewhat  
3  
4 = a lot

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

*Interviewer: Check here if you should ask these questions.*

1. Yesterday you mentioned that you had a disagreement with your spouse/partner.

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."    \_\_\_\_\_

*Interviewer: Check here if you should ask these questions.*

2. Yesterday you mentioned that you had a disagreement with someone other than your spouse/partner. Have you thought about that disagreement since we last talked?

Yes    No

If YES:

2a. 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."    \_\_\_\_\_

## 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

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

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 thumping during 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