

P2 MIDUS Refresher Daily Diary Interview

TIME USE

The first set of questions are about how you spent your time since this time yesterday; that is, beginning from this time yesterday and going up to the time I called on the phone tonight.

What time did you wake up today?

This means "real wake-up time." So when you woke up today, before getting out of bed.

Since this time yesterday, how much time did you spend SLEEPING, not including time you may have spent napping?

Since this time yesterday, how much time did you spend TAKING CARE OF or DOING THINGS WITH YOUR CHILDREN -- such as helping with homework, playing with them, driving them around, or doing something else with them?

Since this time yesterday, how much time did you spend doing yard work, or other routine chores?

Since this time yesterday, how much time did you spend on activities related to business, paid work, or school -- including travel time and time spent looking for work?

What time did you begin this work?

What time did you finish this work?

Was this work in more than one shift?

Since this time yesterday, how much time did you spend relaxing or doing leisure time activities?

Since this time yesterday, how much time did you spend watching television (including time spent watching videos)?

Since this time yesterday, how much time did you spend on social media websites (Facebook, Twitter, MySpace)?

Since this time yesterday, how much time did you spend engaged in VIGOROUS physical activity or exercise?

About what time did you begin this activity?

Since this time yesterday, did you spend any time doing formal VOLUNTEER WORK at a church, hospital, senior center, or any other organization?

Since this time yesterday, did you spend any time giving any UNPAID ASSISTANCE to people who don't live with you, such as free babysitting or help with shopping?

Who did you help?

Altogether how much time did you spend helping this person or this people?

Since this time yesterday, did you RECEIVE any unpaid assistance from any organization or person who does not live with you?

Who gave you this assistance?

Altogether, about how much time did you receive this assistance?

Not counting work you might do as part of your job, did you spend any time giving EMOTIONAL SUPPORT to anyone, like listening to their problems, giving advice, or comforting them, since this time yesterday?

Who did you give emotional support?

Altogether, about how much time did you spend giving support to this person or these people?

Since this time yesterday, did you RECEIVE any EMOTIONAL SUPPORT from anyone or any organizations?

Who gave you this emotional support?

Altogether, about how much time did you spend receiving emotional support?

Since this time yesterday, did you spend any time providing assistance to someone who has a disability, health problem, or other special needs?

Who did you give assistance to?

Would you describe their disability or need as - emotional, physical, combination, or other?

Since this time yesterday, how much time did you spend providing assistance to someone who has a disability or other special needs?

PHYSICAL HEALTH

Next, I would just like to ask you whether or not you had any of the following symptoms today. Please answer by saying "YES" OR "NO."

HEADACHE

Please rate the severity of the HEADACHE on a 1 to 10 scale, 1 being very mild to 10 being very severe.

BACKACHE

Please rate the severity of the BACKACHE on a 1 to 10 scale, 1 being very mild to 10 being very severe.

MUSCLE SORENESS

Please rate the severity of the MUSCLE SORENESS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

FATIGUE

Please rate the severity of the FATIGUE on a 1 to 10 scale, 1 being very mild to 10 being very severe.

JOINT PAIN

Please rate the severity of the JOINT PAIN on a 1 to 10 scale, 1 being very mild to 10 being very severe.

MUSCLE WEAKNESS

Please rate the severity of the MUSCLE WEAKNESS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

COUGH

Please rate the severity of the COUGH on a 1 to 10 scale, 1 being very mild to 10 being very severe.

SORE THROAT

Please rate the severity of the SORE THROAT on a 1 to 10 scale, 1 being very mild to 10 being very severe.

FEVER

Please rate the severity of the FEVER on a 1 to 10 scale, 1 being very mild to 10 being very severe.

CHILLS

Please rate the severity of the CHILLS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

OTHER COLD AND FLU SYMPTOMS

Please rate the severity of the OTHER COLD AND FLU SYMPTOMS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

NAUSEA

Please rate the severity of the NAUSEA on a 1 to 10 scale, 1 being very mild to 10 being very severe.

ALLERGIES

Please rate the severity of the ALLERGIES on a 1 to 10 scale, 1 being very mild to 10 being very severe.

DIARRHEA

Please rate the severity of the DIARRHEA on a 1 to 10 scale, 1 being very mild to 10 being very severe.

CONSTIPATION

Please rate the severity of the CONSTIPATION on a 1 to 10 scale, 1 being very mild to 10 being very severe.

POOR APPETITE

Please rate the severity of the POOR APPETITE on a 1 to 10 scale, 1 being very mild to 10 being very severe.

OTHER STOMACH PROBLEMS

Please rate the severity of the OTHER STOMACH PROBLEMS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

CHEST PAIN

Please rate the severity of the CHEST PAIN on a 1 to 10 scale, 1 being very mild to 10 being very severe.

DIZZINESS

Please rate the severity of the DIZZINESS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

SHORTNESS OF BREATH OR DIFFICULTY BREATHING

Please rate the severity of the SHORTNESS OF BREATH OR DIFFICULTY BREATHING on a 1 to 10 scale, 1 being very mild to 10 being very severe.

MENSTRUAL-RELATED SYMPTOMS (Ex. Cramps, Bloating, Breast Tenderness)

Please rate the severity of the MENSTRUAL-RELATED SYMPTOMS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

HOT FLASHES/FLUSHES

Please rate the severity of the HOT FLASHES/FLUSHES on a 1 to 10 scale, 1 being very mild to 10 being very severe.

ANY OTHER PHYSICAL SYMPTOMS or DISCOMFORTS

Please rate the severity of these OTHER PHYSICAL SYMPTOMS OR DISCOMFORTS on a 1 to 10 scale, 1 being very mild to 10 being very severe.

How many cigarettes did you smoke since this time yesterday?

Counting a drink as either a bottle of beer, a glass of wine, or a shot of liquor, how many drinks did you have since yesterday?

MOOD QUESTIONS

The next questions are about your mood today. How much of the time today did you feel RESTLESS or fidgety -- all of the time, most, some, a little, or none of the time?

How much of the time today did you feel NERVOUS?

How much of the time today did you feel WORTHLESS?

How much of the time today were you so SAD nothing could cheer you up?

How much of the time today did you feel that EVERYTHING was an EFFORT?

How much of the time today did you feel HOPELESS?

How much of the time today did you feel LONELY?

How much of the time today did you feel AFRAID?

How much of the time today did you feel JITTERY?

How much of the time today did you feel IRRITABLE?

How much of the time today did you feel ASHAMED?

How much of the time today did you feel UPSET?

How much of the time today did you feel ANGRY?

How much of the time today did you feel FRUSTRATED?

How much of the time today did you feel in GOOD SPIRITS?

How much of the time today did you feel CHEERFUL?

How much of the time today did you feel EXTREMELY HAPPY?

How much of the time today did you feel CALM AND PEACEFUL?

How much of the time today did you feel SATISFIED?

How much of the time today did you feel FULL OF LIFE?

How much of the time today did you feel CLOSE TO OTHERS?

How much of the time today did you feel LIKE YOU BELONG?

How much of the time today did you feel ENTHUSIASTIC?

How much of the time today did you feel ATTENTIVE?

How much of the time today did you feel PROUD?

How much of the time today did you feel ACTIVE?

How much of the time today did you feel CONFIDENT?

COGNITIVE INTERFERENCE

These next questions ask about some things you might have thought about today. How often did you think about personal problems and concerns -- all of the time, most, some, a little, or none of the time?

Today, how often did you experience thoughts that were difficult to stop -- all of the time, most, some, a little, or none of the time?

Today, how often did you have trouble concentrating -- all of the time, most, some, a little, or none of the time?

Today, how often did you have thoughts that kept jumping into your head -- all of the time, most, some, a little, or none of the time?

Today, how often did you think about situations that upset you -- all of the time, most, some, a little, or none of the time?

Today, how often did you think about your financial situation -- all of the time, most, some, a little, or none of the time?

CUTBACK / IMPAIRMENT QUESTIONS

The next questions are about how much work you got done compared to usual. First, did you cut back on your normal work activities TODAY because of any problems with your physical health, your emotions, use of alcohol or some combination?

On a scale from ZERO to TEN where zero means that you didn't do ANY work today and ten means you did ALL your normal amount of work for this day of the week, how much work did you get done? You can use any number from ZERO to TEN.

What was the main reason for your work cut back today – your physical health, your emotions, use of alcohol or some combination?

Did the QUALITY of your work or how CAREFULLY you worked suffer today because of any problems with either your physical health, your emotions, use of alcohol, or some combination?

What was the main reason for this -- your physical health, your emotions, use of alcohol, or some combination?

Did you spend less time with people in your personal life today compared to usual because of any problems with either your physical health, your emotions, use of alcohol, or some combination?

What was the main reason for this -- your physical health, your emotions, use of alcohol, or some combination?

Sometimes people get less done than usual because their babysitter cancels, their child stays home sick from school, or SOME OTHER FAMILY MEMBER NEEDS THEIR HELP. Did you cut back on any of your normal activities today because of something like this?

Who needed your help?

STRESS QUESTIONS

The next questions are about stressful experiences that may have happened to you since this time yesterday. First, did you have an argument or disagreement with anyone since this time yesterday?

Think of the most stressful disagreement or argument you had since this time yesterday. Who was that with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How stressful was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this disagreement...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Since this time yesterday, did anything happen that you COULD have argued about but you decided to LET PASS in order to AVOID a disagreement?

Think of the most stressful incident of this sort. Who was the person you decided not to argue with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How STRESSFUL was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this disagreement...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Since we spoke yesterday, did anything happen at work or school (other than anything you've already mentioned) that most people would consider stressful?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How stressful was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this situation...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Since we spoke yesterday, did anything happen at home (other than anything you've already mentioned) that most people would consider stressful?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How stressful was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this situation...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Many people experience discrimination on the basis of such things as race, sex, or age. Did anything like this happen to you since we spoke yesterday?

Think of the most stressful incident of this sort. What was the basis for the discrimination you experienced-- your race, sex, age, or something else?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How stressful was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this situation...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Since this time yesterday, did anything happen to a close friend or relative (other than anything you've already mentioned) that turned out to be stressful for YOU?

Think of the most stressful incident of this sort. Who did this happen to?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How stressful was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this situation...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

Did anything ELSE happen to you since we spoke yesterday that most people would consider stressful other than what you've already mentioned?

Was anyone else involved? If so, who?

Think of the most stressful incident of this sort. When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How STRESSFUL was this for you -- very, somewhat, not very, or not at all?

During this experience, how ANGRY were you feeling- very, somewhat, not very or not at all?

During this experience, how NERVOUS OR ANXIOUS were you feeling- very, somewhat, not very or not at all?

During this experience, how SAD were you feeling- very, somewhat, not very or not at all?

During this experience, how SHAMEFUL were you feeling- very, somewhat, not very or not at all?

How much CONTROL did you have over the situation-- a lot, some, a little, or none at all?

Is the issue resolved?

How much were each of the following things at risk FOR YOU in this situation...

First, how much did it risk disrupting your daily routine -- a lot, some, a little, or not at all?

How much did it risk your financial situation?

How much did it risk the way you feel about yourself?

How much did it risk the way other people feel about you?

How much did it risk your physical health or safety?

How much did it risk the health or well-being of someone you care about?

How much did it risk your plans for the future?

DAILY DISCRIMINATION

Did any of the following things happen to you today?

You were treated with less courtesy than other people?

You were treated with less respect than other people?

You received poorer service than other people at restaurants or stores?

People acted as if you are not smart?

People acted as if they were afraid of you?

People acted as if they thought you are dishonest?

People acted as if they thought you are not as good as they are?

You were called names or insulted?

You were threatened or harassed?

Thinking of all of these experiences, what was the main reason for you being treated this way?

Your age

Your gender

Your race

Your ethnicity/nationality

Your religion

Your height or weight

Some other aspect of your appearance

A physical disability

Your sexual orientation

Some other reason for discrimination

DAILY COGNITION

Next, I want to ask you about the things you wanted to do since this time yesterday. I am going to read off some different things people plan to do during their day but sometimes forget. I'd like you to say "YES" if you forgot that thing today. Say "No" if you did not.

Today, did you forget to do an errand or chore?

Did you forget to take a medication?

Did you forget to finish something you started?

Did you forget an appointment?

Did you forget why you entered a room?

On a scale of 1 to 10, with 1 being not at all to 10 being very much, did forgetting these things bother you?

Using that same scale, how much did forgetting these things interfere with your routine today?

Now please tell me whether you forgot any of these other things since this time yesterday:

Did you forget someone's name?

Did you forget where you put something?

Did you forget a word you wanted to use?

Did you forget important information?

On a scale of 1 to 10, with 1 being not at all to 10 being very much, did forgetting any of these things bother you?

Using that same scale, how much did forgetting any of these things interfere with your routine today?

POSITIVE EXPERIENCES

The next questions are about positive experiences that may have happened to you since we spoke yesterday. First, did you have an interaction with someone that most people would consider PARTICULARLY positive (for example, sharing a good laugh with someone, or having a good conversation) since this time yesterday?

Think of the most positive interaction you had with someone since this time yesterday.

Who was the MOST POSITIVE interaction with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

Since we spoke yesterday, did you have an experience at work, school or at a volunteer position other than what you've already mentioned that most people would consider particularly positive?

Think of the most positive event that happened at work since this time yesterday. Did this event take place with another person and if so, who?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

Since we spoke yesterday, did you have an experience at home other than what you've already mentioned that most people would consider particularly positive?

Think of the most positive event that happened at home since this time yesterday. Did this event take place with another person and if so, who?

When did that happen -- was that some time yesterday or today? What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

Since this time yesterday, did anything happen to a close friend or relative (other than what you've already mentioned) that turned out to be particularly positive for YOU?

Who was the MOST POSITIVE interaction with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

Since this time yesterday did you spend any time enjoying or viewing nature? Please do not include any events you have previously mentioned.

Did this event take place with another person, if so, who was the MOST POSITIVE interaction with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

Did anything ELSE happen to you other than what you've already mentioned since this time yesterday that most people would consider particularly positive?

Did this event take place with another person, if so, who was the MOST POSITIVE interaction with?

When did that happen -- was that some time yesterday or today?

What time of the day did this happen?

How pleasant or enjoyable was this experience -- very, somewhat, not very, or not at all?

To what extent was this event a surprise – very much, somewhat, a little, not at all?

How much have you thought about this experience since it happened -- a lot, some, a little, or not at all?

During this experience, how CALM were you feeling- very, somewhat, not very or not at all?

During this experience, how PROUD were you feeling- very, somewhat, not very or not at all?

During this experience, how CLOSE DID YOU FEEL TO OTHERS – very much, somewhat, not very or not at all?

OPPORTUNITY ITEMS

These items ask whether you were able to do certain things today. Please say “YES” if each statement applies to you today. Say “No” if it does not.

Today, did you have the opportunity to be physically active? Today, did you have the opportunity to eat healthy?

Today, did you have the opportunity to take time for yourself?

WEEKLY QUESTIONS (these items are asked once at the last interview on day 8)

The next questions are about your week. Please think about your experiences during the PAST 7 DAYS.

In the past 7 days, how much of the time did you feel RESTLESS OR FIDGETY-- all of the time, most, some, a little, or none of the time?

In the past 7 days, how much of the time did you feel NERVOUS?

In the past 7 days, how much of the time did you feel WORTHLESS?

In the past 7 days, how much of the time did you feel so SAD that nothing could cheer you up?

In the past 7 days, how much of the time did you feel that EVERYTHING was an EFFORT?

In the past 7 days, how much of the time did you feel HOPELESS?

In the past 7 days, how much of the time did you feel LONELY?

In the past 7 days, how much of the time did you feel AFRAID?

In the past 7 days, how much of the time did you feel JITTERY?

In the past 7 days, how much of the time did you feel IRRITABLE?

In the past 7 days, how much of the time did you feel ASHAMED?

In the past 7 days, how much of the time did you feel UPSET?

In the past 7 days, how much of the time did you feel ANGRY?

In the past 7 days, how much of the time did you feel FRUSTRATED?

We just reviewed a number of negative feelings and experiences that you may have had in the past 7 days. Taking them altogether, did these feelings occur MORE OFTEN in the past 7 days than is usual for you, LESS OFTEN than is usual, or ABOUT THE SAME as usual?

How much often than usual -- a LOT, SOME, or only A LITTLE?

In the past 7 days, how much of the time did you feel IN GOOD SPIRITS?

In the past 7 days, how much of the time did you feel CHEERFUL?

In the past 7 days, how much of the time did you feel EXTREMELY HAPPY?

In the past 7 days, how much of the time did you feel CALM AND PEACEFUL?

In the past 7 days, how much of the time did you feel SATISFIED?

In the past 7 days, how much of the time did you feel FULL OF LIFE?

In the past 7 days, how much of the time did you feel CLOSE TO OTHERS?

In the past 7 days, how much of the time did you feel LIKE YOU BELONG?

In the past 7 days, how much of the time did you feel ENTHUSIASTIC?

In the past 7 days, how much of the time did you feel ATTENTIVE?

In the past 7 days, how much of the time did you feel PROUD?

In the past 7 days, how much of the time did you feel ACTIVE?

In the past 7 days, how much of the time did you feel CONFIDENT?

We just reviewed a number of positive feelings and experiences that you may have had in the past 7 days. Taking them altogether, did these feelings occur MORE OFTEN in the past 7 days than is usual for you, LESS OFTEN than is usual, or ABOUT THE SAME as usual?

How much often than usual -- a LOT, SOME, or only A LITTLE?

What about any physical health problems that you have had in the past 7 days - would you say you have had MORE physical health problems than is usual for you, FEWER problems than is usual, or ABOUT THE SAME as usual in the past 7 days?

How much than is usual for you -- A LOT, SOME, or only A LITTLE?

How about the amount of stress you experienced in the past 7 days -- was that MORE than usual for you, LESS than usual, or about the same as usual?

How much than is usual for you -- A LOT, SOME, or only A LITTLE?

Now we'd like to ask you some questions about how you managed your money this week. You can refuse to answer any question that you don't feel comfortable answering. Answer "YES" or "NO" to each of the following.

In the past 7 days, did you use public transportation to decrease travel costs?

In the past 7 days, did you walk or ride your bike places to decrease travel costs?

In the past 7 days, did you put off paying certain bills to better manage your finances?

In the past 7 days, did you shop for groceries or other essentials less often than you would have liked in order to save money?

In the past 7 days, did you spend money on non-essential items, like going to the movies or out to eat, less often than would have liked in order to save money?

In the past 7 days, did you work more hours than usual this week to make more money?

In the past 7 days, did you check your bank account to see how you are managing your finances?

In the past 7 days, did you avoid checking your bank account because you were worried/concerned about your finances?

In the past 7 days, did you feel like you had enough money to make ends meet?

In the past 7 days, did you borrow money from anyone?