

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 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?

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?

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?

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?

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?

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	<input type="radio"/>						
2. What time did you get out of bed today?	_____	AM PM	<input type="radio"/>						
3. What time was your first contact (in person or by phone) with another person?	_____	AM PM	<input type="radio"/>						
4. What time did you have a morning beverage, such as coffee?	_____	AM PM	<input type="radio"/>						
5. What time did you have breakfast?	_____	AM PM	<input type="radio"/>						
6. What time did you go outside for the first time?	_____	AM PM	<input type="radio"/>						
7. What time did you start school, housework, child or family care, volunteer activities?	_____	AM PM	<input type="radio"/>						
7a. What time did you start paid work outside of your home?	_____	AM PM	<input type="radio"/>						
7b. How many hours did you work?	_____								Hours
8. What time did you have lunch?	_____	AM PM	<input type="radio"/>						
9. What time did you take an afternoon nap?	_____	AM PM	<input type="radio"/>						
9a. How long was your nap?	_____								Hours _____ Minutes
10. What time did you have an afternoon snack / drink?	_____	AM PM	<input type="radio"/>						

**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	<input type="radio"/>						
12. What time did you begin any physical exercise?	_____	AM PM	<input type="radio"/>						
13. What time did you have an evening snack / drink?	_____	AM PM	<input type="radio"/>						
14. What time did you watch an evening TV news program?	_____	AM PM	<input type="radio"/>						
15. What time did you return home for the last time?	_____	AM PM	<input type="radio"/>						
16. Were you involved in another specific activity during the last 24 hours?	_____	AM PM	<input type="radio"/>						
17. Were you involved in another specific activity during the last 24 hours?	_____	AM PM	<input type="radio"/>						
(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?		YES NO	<input type="radio"/>						
19. Did you tell anyone about the best thing that happened to you today?		YES NO	<input type="radio"/>						
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	<input type="radio"/>						

21. 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

22. 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

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? _____ hours

25. What did you have for breakfast this morning?

___ High quality protein consumed

___ Some food, but no protein

___ No breakfast, or coffee/tea only

26. Did you have any of the following in the last 24 hours?

Interviewer: write Y or N only

___ 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

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
- 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." _____

