

HARP2 Diary_Final

Start of Block: Opening Prompt

Q1.1 Please answer the following questions for the past 24 hours.

Q1.2 Is this diary entry for today? Or a previous day?

☐ Today (1)

☐ A Previous Day (2)

Display This Question:

If Is this diary entry for today? Or a previous day? = A Previous Day

Q1.3 What day are you entering for?

▼ Sunday (1) ... Saturday (7)

Q1.4 Over the past 24 hours, approximately how much time have you spent with your spouse
(do not count time spent sleeping)?

0 2 4 6 8 10 12 14 16 18 20 22 24

Hours ()



End of Block: Opening Prompt

Start of Block: Affect/Mood



Q2.1 Over the past 24 hours, to what extent did you feel:

	Not at All (1)	A Little (2)	Moderately (3)	A Lot (4)	Extremely (5)
a. Calm (Q2.1_1)	☐	☐	☐	☐	☐
b. Happy (Q2.1_2)	☐	☐	☐	☐	☐
c. Frustrated (Q2.1_3)	☐	☐	☐	☐	☐
d. Worried (Q2.1_4)	☐	☐	☐	☐	☐
e. Tired (Q2.1_5)	☐	☐	☐	☐	☐
f. Sad (Q2.1_6)	☐	☐	☐	☐	☐
g. Irritable (Q2.1_7)	☐	☐	☐	☐	☐
h. Angry (Q2.1_8)	☐	☐	☐	☐	☐
i. Upset (Q2.1_9)	☐	☐	☐	☐	☐

End of Block: Affect/Mood

Start of Block: Physical Health Symptoms

Q3.1 Over the past 24 hours, how much of the day did you experience...

	None of the day (1)	A little of the day (2)	Some of the day (3)	Most of the day (4)	All day (5)
a. Headache, backache, or muscle soreness? (1)	☐	☐	☐	☐	☐
b. Cough, sore throat, fever, chills, or other cold and flu symptoms? (2)	☐	☐	☐	☐	☐
c. Nausea, diarrhea, poor appetite, or other stomach problems? (3)	☐	☐	☐	☐	☐
d. Chest pain or dizziness? (4)	☐	☐	☐	☐	☐
e. Fatigue? (5)	☐	☐	☐	☐	☐
f. Other physical symptoms or discomforts? Please specify below. (6)	☐	☐	☐	☐	☐

End of Block: Physical Health Symptoms

Start of Block: Interpersonal Support/Strain



Q4.1 Since this time yesterday, did you have any social **interactions with anyone other than your spouse** that made you feel irritated, hurt or annoyed?

- ☐ No (0)
- ☐ Yes (1)

Skip To: Q4.4 If Since this time yesterday, did you have any social interactions with anyone other than your spouse... = No



Q4.2 Who was this interaction with? (check all that apply)

- ☐ Parent or parent-in-law (1)
- ☐ Child (2)
- ☐ Other Family Member (3)
- ☐ Friend (4)
- ☐ Someone at Work (5)
- ☐ Other (please specify below) (6)
-

Q4.3 How stressful were these social interactions (that were irritating or annoying) for you?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Page Break



Q4.4 Since this time yesterday, did you have **interactions with anyone other than your spouse** that brought you pleasure or made you feel good?

- ☐ No (0)
- ☐ Yes (1)

Skip To: End of Block If Since this time yesterday, did you have interactions with anyone other than your spouse that brou... = No



Q4.5 With whom did you have this pleasurable interaction? (check all that apply)

- ☐ Parent or parent-in-law (1)
- ☐ Child (2)
- ☐ Other Family Member (3)
- ☐ Friend (4)
- ☐ Someone at work (5)
- ☐ Other (please specify below) (6)
-

Q4.6 How pleasant was this for you?

- ☐ A Little (1)
- ☐ Moderately (2)
- ☐ A Lot (3)
- ☐ Extremely (4)

End of Block: Interpersonal Support/Strain

Start of Block: Daily Stressors

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Q67 Over the past 24 hours, did any of the following happen to you (check all that apply)?

- ☐ I had an argument with my spouse. (1)
- ☐ Something happened with my spouse that I could have argued about but I decided to let it pass. (2)
- ☐ Interactions with my spouse made me feel irritated, hurt, or annoyed. (3)
- ☐ I had an argument or disagreement with someone other than my spouse. (4)
- ☐ I experienced discrimination because of my race, sex, appearance, sexual orientation, age (or some other reason). (5)
- ☐ Something else happened to me (other than items selected) that most people would consider stressful. (6)
- ☐ **None of these occurred** (7)

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = I had an argument with my spouse.

Q68 How stressful was this argument with your spouse for you?

- ☐ Not at All (1)
 - ☐ A Little (2)
 - ☐ Moderately (3)
 - ☐ A Lot (4)
 - ☐ Extremely (5)
-

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = Something happened with my spouse that I could have argued about but I decided to let it pass.

Q70 How stressful was it that something happened with your spouse and you decided to let pass?

- ☐ Not at All (1)
 - ☐ A Little (2)
 - ☐ Moderately (3)
 - ☐ A Lot (4)
 - ☐ Extremely (5)
-

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = Interactions with my spouse made me feel irritated, hurt, or annoyed.

Q71 How stressful were the irritating or annoying interactions with your spouse?

- ☐ Not at All (1)
 - ☐ A Little (2)
 - ☐ Moderately (3)
 - ☐ A Lot (4)
 - ☐ Extremely (5)
-

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = I had an argument or disagreement with someone other than my spouse.

Q72 How stressful was this argument or disagreement with someone other than your spouse?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = I experienced discrimination because of my race, sex, appearance, sexual orientation, age (or some other reason).

Q74 How stressful was the discrimination based on race, sex, sexual orientation, or some other reason?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Over the past 24 hours, did any of the following happen to you (check all that apply)? = Something else happened to me (other than items selected) that most people would consider stressful.

Q73 How stressful was the situation that most people would consider stressful?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Page Break



Q80 Did you experience any of the following over the past 24 hours? Check all that apply.

- ☐ Housework and home demands (1)
- ☐ Work demands (2)
- ☐ Financial concerns (3)
- ☐ A health problem (4)
- ☐ Your spouse had some problem or difficulty (5)
- ☐ Another family member had a problem or difficulty (6)
- ☐ **None of these occurred** (7)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = Housework and home demands

Q85 How stressful were your housework and home demands?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = Work demands

Q84 How stressful were your work demands?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = Financial concerns

Q83 How stressful were your financial concerns?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = A health problem

Q82 How stressful was your own health problem?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = Your spouse had some problem or difficulty

Q81 How stressful was your spouse's problem?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

Display This Question:

If Did you experience any of the following over the past 24 hours? Check all that apply. = Another family member had a problem or difficulty

Q84 How stressful was another family member's problem?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

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Q5.3 Overall, how trying or stressful was your day?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Moderately (3)
- ☐ A Lot (4)
- ☐ Extremely (5)

End of Block: Daily Stressors

Start of Block: Division of Labor



Q6.1

To what extent did you and your partner share the basic responsibilities of managing the household today (chores, cooking, cleaning, childcare, etc.)?

- ☐ 1 = I did everything (1)
 - ☐ 2 (2)
 - ☐ 3 = We shared equally (3)
 - ☐ 4 (4)
 - ☐ 5 = My spouse did everything (5)
-

Q6.2 How satisfied were you with the way these basic responsibilities were shared?

- ☐ Not at all (1)
- ☐ A little (2)
- ☐ Somewhat (3)
- ☐ Very (4)
- ☐ Extremely (5)

End of Block: Division of Labor

Start of Block: Emotion Work

Q7.1 Over the past 24 hours, how often did you do each of the following with your spouse?

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
a. Share your personal thoughts and feelings. (Q7.1_1)	☐	☐	☐	☐	☐
b. Praise your spouse. (Q7.1_2)	☐	☐	☐	☐	☐
c. Sense that your spouse is bothered about something. (Q7.1_3)	☐	☐	☐	☐	☐
d. Suggest solutions to your spouse's problems. (Q7.1_4)	☐	☐	☐	☐	☐
e. Keep your thoughts or feelings to yourself. (Q7.1_5)	☐	☐	☐	☐	☐

End of Block: Emotion Work

Start of Block: Empathic Responding

Q8.1 Over the past 24 hours, how often have you...

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
a. Tried to see things from your spouse's perspective. (Q8.1_1)	☐	☐	☐	☐	☐
b. Tried to help your spouse by giving them personal space. (Q8.1_2)	☐	☐	☐	☐	☐
c. Tried to understand how your spouse feels. (Q8.1_3)	☐	☐	☐	☐	☐
d. Tried to help your spouse by doing something for them. (Q8.1_4)	☐	☐	☐	☐	☐
e. Tried to comfort your spouse by telling them about your positive feelings for them. (Q8.1_5)	☐	☐	☐	☐	☐
f. Tried to help your spouse by listening to them. (Q8.1_6)	☐	☐	☐	☐	☐

End of Block: Empathic Responding

Start of Block: Intimacy

Q9.1 Over *the past 24 hours*, how much did you feel closeness and intimacy with your spouse?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Some (3)
- ☐ Quite a Bit (4)
- ☐ A Great Deal (5)

End of Block: Intimacy

Start of Block: Interactions with Spouse

Q10.1 Over the past 24 hours, how much did your spouse...

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
a. Let you down (Q10.1_1)	☐	☐	☐	☐	☐
b. Criticize you (Q10.1_2)	☐	☐	☐	☐	☐
c. Act inconsiderate towards you (Q10.1_3)	☐	☐	☐	☐	☐
d. Make you feel loved and cared for (Q10.1_4)	☐	☐	☐	☐	☐
e. Seem bothered or upset with you (Q10.1_5)	☐	☐	☐	☐	☐
f. Make demands on you (Q10.1_6)	☐	☐	☐	☐	☐
g. Do something nice for you without being asked (Q10.1_7)	☐	☐	☐	☐	☐
h. Bring you pleasure or make you feel good (Q10.1_8)	☐	☐	☐	☐	☐

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Q10.2 Over the past 24 hours, how much did you...

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
a. Try to make your spouse feel loved and cared for (Q10.2_1)	☐	☐	☐	☐	☐
b. Feel bothered or upset with your spouse (Q10.2_2)	☐	☐	☐	☐	☐
c. Do something nice for your spouse without being asked (Q10.2_3)	☐	☐	☐	☐	☐
d. Try to improve your spouse's mood (Q10.2_4)	☐	☐	☐	☐	☐
e. Want your spouse to listen to you more than they did (Q10.2_5)	☐	☐	☐	☐	☐

End of Block: Interactions with Spouse

Start of Block: Personal Control

Q11.1 Over the past 24 hours, to what extent did you feel:

	Not at All (1)	A Little (2)	Moderately (3)	A Lot (4)	Extremely (5)
a. That you were unable to control important things in your life (1)	☐	☐	☐	☐	☐
b. Confident about your ability to handle problems (2)	☐	☐	☐	☐	☐
c. That things were going your way (3)	☐	☐	☐	☐	☐
d. That difficulties were piling up so high that you could not overcome them (4)	☐	☐	☐	☐	☐

End of Block: Personal Control

Start of Block: Cognitive Interference, memory



Q58 *Over the past 24 hours*, did you (check all that apply):

☐

Start to do or say something and then forget what it was you wanted to do or say? (1)

☐

Start to read something (a book or an article) without realizing you had already read it? (2)

☐

Find that a word was "on the tip of your tongue," and you knew what it was but could not quite find it? (3)

☐

Forget why you went into a room? (4)

☐

Have trouble remembering someone's name? (5)

☐

Have difficulty dividing your attention between two activities, or doing two things at once? (6)

☐

None of these occurred (7)

End of Block: Cognitive Interference, memory

Start of Block: Social Control & Health Behaviors



Q86 About how many hours did you sleep last night?

▼ 0 (0) ... 12+ (12)



Q11.2 How would you rate your overall sleep quality last night?

- ☐ Excellent (5)
 - ☐ Very Good (4)
 - ☐ Good (3)
 - ☐ Fair (2)
 - ☐ Poor (1)
-

Q11.3 Thinking over the past 24 hours, how true is the following statement: I ate more than I should have today.

- ☐ Not at All (1)
 - ☐ A Little (2)
 - ☐ Moderately (3)
 - ☐ A Lot (4)
 - ☐ Extremely (5)
-

Q11.4 Thinking over the past 24 hours, how true is the following statement: I made unhealthy food choices today.

- ☐ Not at All (1)
 - ☐ A Little (2)
 - ☐ Moderately (3)
 - ☐ A Lot (4)
 - ☐ Extremely (5)
-

Page Break



Q85 *Over the past 24 hours*, did you consume any alcoholic drinks?

- ☐ No (0)
- ☐ Yes (1)

Skip To: Q86 If Over the past 24 hours, did you consume any alcoholic drinks? = No



Q11.5 *Over the past 24 hours*, about how many alcoholic drinks did you consume (a glass of wine, a 12 ounce beer, or a shot of liquor each equal 1 drink)?

▼ 1 (1) ... More than 5 (5.5)



Q86 *Over the past 24 hours*, did you smoke or vape any tobacco products?

- ☐ No (0)
- ☐ Yes (1)

Display This Question:

If Over the past 24 hours, did you smoke or vape any tobacco products? = Yes

Q11.6 *Over the past 24 hours*, how many cigarettes, cigars, and/or bowls of tobacco did you smoke or vape?

	1	6	11	16	20	25	30
Number of smokes ()	Not Applicable						

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Q11.7 In the past 24 hours, did you smoke or vape any cannabis products?

- ☐ Yes (1)
- ☐ No (0)



Q87 In the past 24 hours, did you take a prescription drug for a reason other than that prescribed, or in an amount larger than prescribed?

- ☐ Yes (1)
- ☐ No (0)

Skip To: Q11.8 If In the past 24 hours, did you take a prescription drug for a reason other than that prescribed, o... = No

Q88 If so, what kind of prescription drug did you take?

- ☐ Sedatives (e.g., benzodiazepines like Xanax) (1)
- ☐ Stimulants (e.g., Adderall) (2)
- ☐ Painkillers (e.g., hydrocodone, codeine) (3)
- ☐ Other (4) _____

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Q11.8 *Over the past 24 hours*, about how many minutes did you engage in **moderate** physical activity or exercise (for example, taking a walk or using a vacuum cleaner)?

Not Applicable

0 15 30 45 60 75 90 105 120

Minutes ()	
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Q11.9 *Over the past 24 hours*, for how many minutes did you engage in **vigorous** physical activity or exercise (for example, running or lifting heavy objects) long enough to raise your heart rate and work up a sweat?

Not Applicable

0 15 30 45 60 75 90 105 120

Minutes ()	
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Q11.10 These questions are about **how you may have influenced your spouse's health habits today** (for example, how much you ate, drank, or exercised). How much did each of the following occur today:

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
I told or reminded my spouse to do things to protect their health. (Q11.10_1)	☐	☐	☐	☐	☐
I tried to have a positive influence on my spouse's health habits. (Q11.10_2)	☐	☐	☐	☐	☐
I was concerned about my spouse's health habits. (Q11.10_3)	☐	☐	☐	☐	☐

Q85 These questions are about **how your spouse may have influenced your health habits today** (for example, how much you ate, drank, or exercised). How much did each of the following occur today:

	Not at All (1)	A Little (2)	Some (3)	Quite a Bit (4)	A Great Deal (5)
My spouse influenced my health habits in an unhealthy way (for example, to eat or drink more, exercise less). (1)	☐	☐	☐	☐	☐
My spouse influenced my health habits in a positive way. (2)	☐	☐	☐	☐	☐

Q86 How often did you participate in healthy habits (such as exercise, dieting) with your spouse today?

- ☐ Not at All (1)
- ☐ A Little (2)
- ☐ Some (3)
- ☐ Quite a Bit (4)
- ☐ A Great Deal (5)

End of Block: Social Control & Health Behaviors

Start of Block: Final Question

Q12.1 Please use this space to provide more details on positive or negative experiences of the past 24 hours and how they affected you. (You may leave this blank if you have nothing to add).

End of Block: Final Question
