

HARP3 Diary_Final

Start of Block: Opening Prompt

Please answer the following questions for the past 24 hours.

Is this diary entry for today? Or a previous day?

☐ Today

☐ A Previous Day

What day are you entering for?

▼ Sunday ... Saturday

Page Break

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	
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End of Block: Opening Prompt

Start of Block: Affect/Mood

X→ X→

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

a. Calm	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
b. Happy	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
c. Frustrated	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
d. Worried	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
e. Tired	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
f. Sad	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
g. Irritable	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
h. Angry	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot
i. Upset	☐ Extremely	☐ A Little	☐ Moderately	☐ Not at All	☐ A Lot

End of Block: Affect/Mood

Start of Block: Physical Health Symptoms

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

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

End of Block: Physical Health Symptoms

Start of Block: Interpersonal Support/Strain



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
- ☐ Yes
-

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

- ☐ Parent or parent-in-law
- ☐ Child
- ☐ Other Family Member
- ☐ Friend
- ☐ Someone at Work
- ☐ Other (please specify below)
-

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

- ☐ Not at All
- ☐ A Little
- ☐ Moderately
- ☐ A Lot
- ☐ Extremely
-

Page Break



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

- ☐ No
- ☐ Yes

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

- ☐ Parent or parent-in-law
- ☐ Child
- ☐ Other Family Member
- ☐ Friend
- ☐ Someone at work
- ☐ Other (please specify below)
-

How pleasant was this for you?

- ☐ A Little
- ☐ Moderately
- ☐ A Lot
- ☐ Extremely

End of Block: Interpersonal Support/Strain

Start of Block: Daily Stressors

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

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

How stressful was the argument with your spouse?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

Page Break

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

- ☐ Housework and home demands
 - ☐ Work demands
 - ☐ Financial concerns
 - ☐ A health problem
 - ☐ Your spouse had some problem or difficulty
 - ☐ Another family member had a problem or difficulty
 - ☐ **None of these occurred**
-

How stressful were your housework and home demands?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

How stressful were your work demands?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

How stressful were your financial concerns?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

How stressful was your own health problem?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

How stressful was your spouse's problem?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

How stressful was another family member's problem?

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

Page Break

Overall, how trying or stressful was your day?

- ☐ Not at All
- ☐ A Little
- ☐ Moderately
- ☐ A Lot
- ☐ Extremely

End of Block: Daily Stressors

Start of Block: Division of Labor



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
 - ☐ 2
 - ☐ 3 = We shared equally
 - ☐ 4
 - ☐ 5 = My spouse did everything
-

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

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Very
- ☐ Extremely

End of Block: Division of Labor

Start of Block: Emotion Work

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

a. Share your personal thoughts and feelings.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
b. Praise your spouse.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
c. Sense that your spouse is bothered about something.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
d. Suggest solutions to your spouse's problems.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
e. Keep your thoughts or feelings to yourself.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal

End of Block: Emotion Work

Start of Block: Empathic Responding

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

a. Tried to see things from your spouse's perspective.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
b. Tried to help your spouse by giving them personal space.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
c. Tried to understand how your spouse feels.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
d. Tried to help your spouse by doing something for them.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
e. Tried to comfort your spouse by telling them about your positive feelings for them.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
f. Tried to help your spouse by listening to them.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal

End of Block: Empathic Responding

Start of Block: Intimacy

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

- ☐ Not at All
- ☐ A Little
- ☐ Some
- ☐ Quite a Bit
- ☐ A Great Deal

End of Block: Intimacy

Start of Block: Interactions with Spouse

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

a. Let you down	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
b. Criticize you	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
c. Act inconsiderate towards you	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
d. Make you feel loved and cared for	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
e. Seem bothered or upset with you	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
f. Make demands on you	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
g. Do something nice for you without being asked	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
h. Bring you pleasure or make you feel good	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal

Page Break

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

a. Try to make your spouse feel loved and cared for	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
b. Feel bothered or upset with your spouse	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
c. Do something nice for your spouse without being asked	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
d. Try to improve your spouse's mood	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
e. Want your spouse to listen to you more than they did	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal

End of Block: Interactions with Spouse

Start of Block: Personal Control

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

a. That you were unable to control important things in your life

☐ Not at All

☐ A Little

☐ Moderately

☐ A Lot

☐ Extremely

b. Confident about your ability to handle problems

☐ Not at All

☐ A Little

☐ Moderately

☐ A Lot

☐ Extremely

c. That things were going your way

☐ Not at All

☐ A Little

☐ Moderately

☐ A Lot

☐ Extremely

d. That difficulties were piling up so high that you could not overcome them

☐ Not at All

☐ A Little

☐ Moderately

☐ A Lot

☐ Extremely

End of Block: Personal Control

Start of Block: Cognitive Interference, memory

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

☐

say?

Start to do or say something and then forget what it was you wanted to do or

☐

read it?

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

☐

could not quite find it?

Find that a word was "on the tip of your tongue," and you knew what it was but

☐

Forget why you went into a room?

☐

Have trouble remembering someone's name?

☐

at once?

Have difficulty dividing your attention between two activities, or doing two things

☐

None of these occurred

End of Block: Cognitive Interference, memory

Start of Block: Social Control & Health Behaviors



About how many hours did you sleep last night?

▼ 0 ... 12+



How would you rate your overall sleep quality last night?

- ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

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

- ☐ Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ A Lot
 - ☐ Extremely
-

Page Break



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

☐ No

☐ Yes

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 ... More than 5

Page Break



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

- ☐ No
- ☐ Yes

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	Not Applicable
Number of smokes								

Page Break



Over the past 24 hours, did you smoke or vape any cannabis products?

☐ Yes

☐ No



Over 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

☐ No

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

☐ Sedatives (e.g., benzodiazepines like Xanax)

☐ Stimulants (e.g., Adderall)

☐ Painkillers (e.g., hydrocodone, codeine)

☐ Other _____

Page Break _____

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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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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Page Break

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:

I told or reminded my spouse to do things to protect their health.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
I tried to have a positive influence on my spouse's health habits.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal
I was concerned about my spouse's health habits.	☐ Not at All	☐ A Little	☐ Some	☐ Quite a Bit	☐ A Great Deal

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:

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

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

- ☐ Not at All
- ☐ A Little
- ☐ Some
- ☐ Quite a Bit
- ☐ A Great Deal

End of Block: Social Control & Health Behaviors

Start of Block: Final Question

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
