

HARP3 Diary Sep/Div/Wid_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

End of Block: Opening Prompt

Start of Block: Affect/Mood



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

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

End of Block: Affect/Mood

Start of Block: Physical Health Symptoms

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

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. Fatigued?	☐ 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 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 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 or disagreement with someone.
- ☐ 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 this argument or disagreement with someone?

- ☐ 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 you experienced.
 - ☐ A 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 a 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: 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):

- ☐ Start to do or say something and then forget what it was you wanted to do or say?
- ☐ Start to read something (a book or an article) without realizing you had already read it?
- ☐ Find that a word was "on the tip of your tongue," and you knew what it was but could not quite find it?
- ☐ Forget why you went into a room?
- ☐ Have trouble remembering someone's name?
- ☐ Have difficulty dividing your attention between two activities, or doing two things at once?
- ☐ **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	
---------	--

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	
---------	---

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