

Below are screenshots of a complete daily survey used in the Personal Understanding of Life and Social Experiences (PULSE) study:

Daily PULSE Questionnaire

08/25/2011

Welcome to your daily PULSE. Please respond based on your experiences today. Please remember to press **Submit** button at the bottom of the page to enter your answers. If you do not want to respond now, you can just close this window, click OK on confirmation pop-up window, and come back later.

1. Rate your progress towards your goal of maintaining healthy weight

No Progress Much Progress

1.1. Did you receive any practical or emotional assistance towards your health goal today?

Not at all Very much

1.2. Did anyone in your social network create tension, arguments, or time constraints that impeded progress towards your health goal today?

Not at all Very much

2. Rate your progress towards your goal of my new daughter

No Progress Much Progress

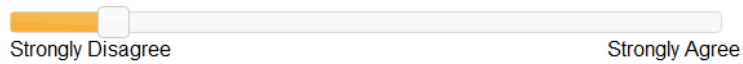
2.1. Did you receive any practical or emotional assistance towards your social goal today?

Not at all Very much

2.2. Did anyone in your social network create tension, arguments, or time constraints that impeded progress towards you social goal today?

Not at all Very much

3. Today I felt difficulties were piling up so high I could not overcome them.



4. Today I felt confident about my ability to handle my personal problems.



5. Tomorrow I am expecting the best.



6. I felt connected with others



7. Today I felt that things were going my way.



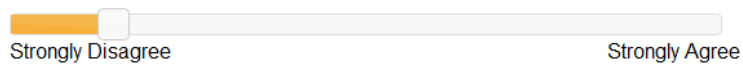
8. Today I felt unable to control the important things in my life.



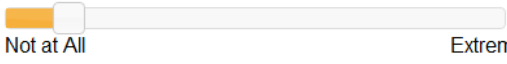



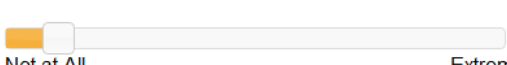

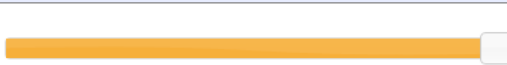

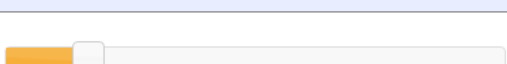

9. Today I felt useful and productive



10. If something can go wrong with me tomorrow, it will.



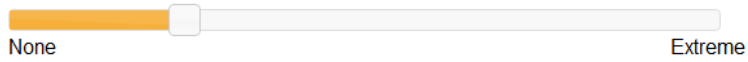
11. Use the slide indicator to describe how well these words describe your feelings and emotions today.

Annoyed	
Depressed	
Warm	
Happy	
Sad	
Energetic	
Interested	
Irritated	
Worried	
Content	

12. How is your health right now?



13. Did you have any discomfort or pain today?



14. Please indicate who you interacted with today

Joe Yes No

Jane Yes No

Shannon Yes No

How did you contact Shannon?

- In person
- By phone
- Social Media
- Email/Text
- Other

How satisfied were you with this interaction?



Chuck Yes No

Tuan Yes No

15. Please check all of the symptoms that you felt today

- Fatigue
- Shortness of Breath
- Trouble with Mobility
- Allergy symptoms
- Poor appetite
- Dizziness
- Heart Pounding
- Nausea or Upset Stomach
- Forgot Something
- Tightness in Chest
- Constipation or Diarrhea
- Stiffness or Muscle Soreness
- Trouble Staying Focused or Concentrating

16. Are there any noteworthy positive or negative events that took place today?

- Yes No

17. How many hours of television did you watch in the last 24 hours?

hour(s)

18. How many hours did you sleep in the last 24 hours?

hour(s)

19. Approximately how many minutes of physical activity did you get today?

minute(s)