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 your social goal today?

       Not at all  Very much
3. Today I felt difficulties were piling up so high I could not overcome them.

   | Strongly Disagree | Strongly Agree |

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

   | Strongly Disagree | Strongly Agree |

5. Tomorrow I am expecting the best.

   | Strongly Disagree | Strongly Agree |

6. I felt connected with others

   | Strongly Disagree | Strongly Agree |

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

   | Strongly Disagree | Strongly Agree |

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

   | Strongly Disagree | Strongly Agree |

9. Today I felt useful and productive

   | Strongly Disagree | Strongly Agree |

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

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

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annoyed</td>
<td>Not at All</td>
</tr>
<tr>
<td>Depressed</td>
<td>Not at All</td>
</tr>
<tr>
<td>Warm</td>
<td>Not at All</td>
</tr>
<tr>
<td>Happy</td>
<td>Not at All</td>
</tr>
<tr>
<td>Sad</td>
<td>Not at All</td>
</tr>
<tr>
<td>Energetic</td>
<td>Not at All</td>
</tr>
<tr>
<td>Interested</td>
<td>Not at All</td>
</tr>
<tr>
<td>Irritated</td>
<td>Not at All</td>
</tr>
<tr>
<td>Worried</td>
<td>Not at All</td>
</tr>
<tr>
<td>Content</td>
<td>Not at All</td>
</tr>
</tbody>
</table>
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?

   Unsatisfied  Satisfied

   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?
2 hour(s)

18. How many hours did you sleep in the last 24 hours?
7.5 hour(s)

19. Approximately how many minutes of physical activity did you get today?
45 minute(s)

Submit Your Answers