

The Day Reconstruction Method (DRM): Instrument Documentation

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How people spend their time and how they experience the various activities and settings of their lives are significant questions for researchers in diverse disciplines. The Day Reconstruction Method (DRM) is designed to collect data describing the experiences a person has on a given day, through a systematic reconstruction conducted on the following day. The DRM builds on the strengths of time-budget measurement (Juster & Stafford, 1985; Robinson & Godbye, 1997) and experience sampling (Stone, Shiffman, & DeVries, 1999), and employs techniques grounded in cognitive science. The conceptual rationale and illustrative findings, based on a sample of employed women in Texas, are presented in Kahneman, Krueger, Schkade, Schwarz, and Stone (2004). The results indicate a close correspondence between the DRM and established results from experience sampling.

Key advantages of the DRM include:

- Joint assessment of activities and subjective experiences
- Information about the duration of each experience, allowing for duration weighted analyses of experiences
- Lower respondent burden than typical for experience sampling methods
- More complete coverage of the day than typical for experience sampling methods
- Lower susceptibility to retrospective reporting biases than typical for global reports of daily experiences
- High flexibility in adapting the content of the instrument to the needs of the specific study

Method

Instruments

The DRM asks respondents to reconstruct the *previous* day by completing a structured self-administered questionnaire. A respondent first reinstatiates the previous day into working memory by producing a short diary consisting of a sequence of episodes. This instrument is documented as “Packet 2.” Its format draws on insights from cognitive research with Event History Calendars (Belli, 1998) and facilitates retrieval from autobiographical memory through multiple pathways. Its episodic reinstatiation format attenuated biases commonly observed in retrospective reports (Robinson & Clore, 2002; Schwarz & Oyserman, 2001; Schwarz & Sudman, 1994). Respondents’ diary entries are confidential and the diary does not need to be returned to the researcher. This allows respondents to use idiosyncratic notes, including details they may not want to share.

Next, respondents receive a response form (documented as “Packet 3”) and are encouraged to draw on their confidential diary notes to answer a series of questions. These questions ask them to describe key features of each episode, including (1) when the episode began and ended, (2) what they were doing, (3) where they were, (4) whom they were interacting with, and (5) how they felt on multiple affect dimensions. This response form is returned to the researcher for analysis.

In addition, respondents answer a number of questions about themselves and the circumstances of their lives (e.g., demographics, job characteristics, personality measures). “Packet 1” and “Packet 4” document the variables assessed in the study reported in Kahneman et al. (2004).

Administration

For methodological reasons, it is important that respondents complete the diary before they are aware of the specific content of the later questions about each episode. Early knowledge of these questions may affect the reconstruction of the previous day and may introduce selection biases. This is best achieved by presenting the diary ("Packet 2") and the response form ("Packet 3") in separate envelopes, asking respondents not to open the next envelope until the previous material is completed.

The DRM can be administered individually or in group settings. In our experience, adults from the general population can complete the full set of materials in 45 to 75 minutes.

References

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Packet 1

First we have some general questions about your life. Please answer these questions by placing a check mark next to the answer that best describes your opinion.

1. Taking all things together, how satisfied are you with your life as a whole these days? Are you

very satisfied, satisfied, not very satisfied, not at all satisfied?

2. Next, let's turn to your life at home. Overall, how satisfied are you with your life at home? Are you

very satisfied, satisfied, not very satisfied, not at all satisfied?

3. And how about your job? Overall, how satisfied are you with your present job? Are you

very satisfied, satisfied, not very satisfied, not at all satisfied?

4. Now we would like to know how you feel and what mood you are in when you are at home. When you are at home, what percentage of the time are you

in a bad mood	_____%
a little low or irritable	_____%
in a mildly pleasant mood	_____%
in a very good mood	_____%
Sum	100%

5. We would also like to know how you feel and what mood you are in when you are at work. When you are at work, what percentage of the time are you

in a bad mood	_____%
a little low or irritable	_____%
in a mildly pleasant mood	_____%
in a very good mood	_____%
Sum	100%

Next, we would like to ask for some background information about you, for statistical purposes.

1. What year were you born? _____

2. What is your gender? Male Female

3. What is the highest level of education you have completed?
 - Some high school or less
 - High school diploma or equivalent
 - Some college
 - College diploma
 - Some graduate school
 - Graduate degree

4. What is your marital status?
 - single (never married)
 - married
 - divorced/separated
 - widowed

5. How many children do you have? _____

6. If you have children, how many of them are still living with you? _____

7. Including yourself, how many people live in your household? _____

8. Which of the following categories best describes you?

- African American
- Hispanic
- Caucasian
- Asian American
- Native American
- South Asian/Indian Subcontinent
- Multi-racial
- Other, please specify: _____

9. What is your total annual household income?

- \$10,000 or less
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- \$80,001 - \$90,000
- \$90,001 - \$100,000
- more than \$100,000

Thank you!
You may now start on Packet 2

Packet 2

Yesterday

We would like to learn what you did and how you felt yesterday. Not all days are the same – some are better, some are worse and others are pretty typical. Here we are only asking you about yesterday.

Because many people find it difficult to remember what exactly they did and experienced, we will do this in three steps:

1. On the next page, we will ask you when you woke up and when you went to sleep yesterday.
2. We'd like you to reconstruct what your day was like, as if you were writing in your diary. Where were you? What did you do and experience? How did you feel? Answering the questions on the next page will help you to reconstruct your day.

This diary packet is only for you, to help you remember and describe what happened during the first half of yesterday. It is yours to keep, so your notes are strictly personal and confidential. You do not need to turn it in. Nobody will read what you jot down about your day.

3. After you have finished reconstructing your day in your diary, we will ask you specific questions about this time (these questions are in Packet 3). In answering these questions, we'd like you to consult your diary page and the notes you made to remind you of what you did and how you felt.

To begin, please circle the day of the week that YESTERDAY was:

Monday Tuesday Wednesday Thursday Friday Saturday

Sunday

Diary Pages

About what time did you wake up yesterday? _____

And when did you go to sleep? _____

On the next three pages, please describe your day. Think of your day as a continuous series of scenes or episodes in a film. Give each episode a brief name that will help you remember it (for example, “commuting to work”, or “at lunch with B”, where B is a person or a group of people). Write down the approximate times at which each episode began and ended. The episodes people identify usually last between 15 minutes and 2 hours. Indications of the end of an episode might be going to a different location, ending one activity and starting another, or a change in the people you are interacting with.

There is one page for each part of the day – Morning (from waking up until noon), Afternoon (from noon to 6:00 pm) and Evening (from 6:00 pm until you went to bed). There is room to list 10 episodes for each part of the day, although you may not need that many, depending on your day. It is not necessary to fill up all of the spaces – use the breakdown of your day that makes the most sense to you and best captures what you did and how you felt.

Try to remember each episode in detail, and write a few words that will remind you of exactly what was going on. Also, try to remember how you felt, and what your mood was like during each episode. What you write only has to make sense to you, and to help you remember what happened when you are answering the questions in Packet 3.

Remember, what you write in your diary will not be seen by anybody else. Packet 2 is yours to keep if you wish – you don't have to turn it in with the rest of your questionnaire.

Morning

(from waking up until just before lunch)

happened? Episode Name	Time it Began	Time it Ended	Notes to yourself: What What did you feel?
1M			
2M			
3M			
4M			
5M			
6M			
7M			
8M			
9M			
10M			

Afternoon

(from lunch until just before dinner)

What happened? Episode Name	Time it Began	Time it Ended	Notes to yourself: What did you feel?
<u>Lunchtime</u> 1A	_____	_____	_____
_____	_____	_____	_____
2A	_____	_____	_____
_____	_____	_____	_____
3A	_____	_____	_____
_____	_____	_____	_____
4A	_____	_____	_____
_____	_____	_____	_____
5A	_____	_____	_____
_____	_____	_____	_____
6A	_____	_____	_____
_____	_____	_____	_____
7A	_____	_____	_____
_____	_____	_____	_____
8A	_____	_____	_____
_____	_____	_____	_____
9A	_____	_____	_____
_____	_____	_____	_____
10A	_____	_____	_____

Evening

(from dinnertime until just before you went to sleep)

What happened Episode Name	Time it Began	Time it Ended	Notes to yourself: What did you feel?
<u>Dinnertime</u>			
1E			
2E			
3E			
4E			
5E			
6E			
7E			
8E			
9E			
10E			

Please look over your diary once more. Are there any other episodes that you'd like to revise or add more notes to? Is there an episode that you would want to break up into two parts? If so, please go back and make the necessary adjustments on your diary pages. If not, you may go on to Packet 3.

Thank You
You may now start on Packet 3.

Packet 3

How Did You Feel Yesterday?

Before we proceed, please look back at your diary pages.

How many episodes did you record for the Morning? _____

How many episodes did you record for the Afternoon? _____

How many episodes did you record for the Evening? _____

Now, we would like to learn in more detail about how you felt during those episodes. For each episode, there are several questions about what happened and how you felt. Please use the notes on your diary pages as often as you need to.

Please answer the questions for every episode you recorded, beginning with the first episode in the Morning. To make it easier to keep track, we will ask you to write down the number of the episode that is at the end of the line where you wrote about it in your diary. For example, the first episode of the Morning was number 1M, the third episode of the Afternoon was number 3A, the second episode of the Evening was number 2E, and so forth.

It is very important that we get to hear about all of the episodes you experienced yesterday, so please be sure to answer the questions for each episode you recorded. After you have answered the questions for all of your episodes, including the last episode of the day (just before you went to bed), you can go on to Packet 4.

First Morning Episode

Please look at your Diary and select the earliest episode you noted in the Morning.

When did this first episode begin and end (e.g., 7:30am)? Please try to remember the times as precisely as you can.

This is episode number _____, which began at _____ and ended at _____.

What were you doing? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> commuting | <input type="checkbox"/> working |
| <input type="checkbox"/> shopping | <input type="checkbox"/> preparing food |
| <input type="checkbox"/> doing housework | <input type="checkbox"/> taking care of your children |
| <input type="checkbox"/> eating | <input type="checkbox"/> |
| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
| <input type="checkbox"/> relaxing | <input type="checkbox"/> on the phone |
| <input type="checkbox"/> intimate relations | <input type="checkbox"/> exercising |
| <input type="checkbox"/> other (please specify _____) | |

Where were you?

- At home At work Somewhere else

Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt.

	Not at all						Very much
Impatient for it to end	0	1	2	3	4	5	6
Happy	0	1	2	3	4	5	6
Frustrated/annoyed	0	1	2	3	4	5	6
Depressed/blue	0	1	2	3	4	5	6
Competent/capable	0	1	2	3	4	5	6
Hassled/pushed around	0	1	2	3	4	5	6
Warm/friendly	0	1	2	3	4	5	6
Angry/hostile	0	1	2	3	4	5	6
Worried/anxious	0	1	2	3	4	5	6
Enjoying myself	0	1	2	3	4	5	6
Criticized/put down	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6

Next Episode

Now look at your Diary and select the episode that immediately followed the one you just rated.

This is episode number _____, which began at _____ and ended at _____.

What were you doing? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> commuting | <input type="checkbox"/> working |
| <input type="checkbox"/> shopping | <input type="checkbox"/> preparing food |
| <input type="checkbox"/> doing housework | <input type="checkbox"/> taking care of your children |
| <input type="checkbox"/> eating | <input type="checkbox"/> |
| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
| <input type="checkbox"/> relaxing | <input type="checkbox"/> on the phone |
| <input type="checkbox"/> intimate relations | <input type="checkbox"/> exercising |
| <input type="checkbox"/> other (please specify _____) | |

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- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

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- | | |
|---|---|
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| <input type="checkbox"/> shopping | <input type="checkbox"/> preparing food |
| <input type="checkbox"/> doing housework | <input type="checkbox"/> taking care of your children |
| <input type="checkbox"/> eating | <input type="checkbox"/> |
| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
| <input type="checkbox"/> relaxing | <input type="checkbox"/> on the phone |
| <input type="checkbox"/> intimate relations | <input type="checkbox"/> exercising |
| <input type="checkbox"/> other (please specify _____) | |

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If you were interacting with someone (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

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| <input type="checkbox"/> doing housework | <input type="checkbox"/> taking care of your children |
| <input type="checkbox"/> eating | <input type="checkbox"/> |
| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
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| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

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| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
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Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
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| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

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| <input type="checkbox"/> eating | <input type="checkbox"/> |
| <input type="checkbox"/> praying/worshipping/meditating | <input type="checkbox"/> |
| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
| <input type="checkbox"/> relaxing | <input type="checkbox"/> on the phone |
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- | | |
|---|--|
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| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
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How did you feel during this episode?

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Hassled/pushed around	0	1	2	3	4	5	6
Warm/friendly	0	1	2	3	4	5	6
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Worried/anxious	0	1	2	3	4	5	6
Enjoying myself	0	1	2	3	4	5	6
Criticized/put down	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6

Next Episode

Now look at your Diary and select the episode that immediately followed the one you just rated.

This is episode number _____, which began at _____ and ended at _____.

What were you doing? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> commuting | <input type="checkbox"/> working |
| <input type="checkbox"/> shopping | <input type="checkbox"/> preparing food |
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| <input type="checkbox"/> socializing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> nap/resting | <input type="checkbox"/> computer/internet/email |
| <input type="checkbox"/> relaxing | <input type="checkbox"/> on the phone |
| <input type="checkbox"/> intimate relations | <input type="checkbox"/> exercising |
| <input type="checkbox"/> other (please specify _____) | |

Where were you?

- At home At work Somewhere else

Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt.

	Not at all						Very much
Impatient for it to end	0	1	2	3	4	5	6
Happy	0	1	2	3	4	5	6
Frustrated/annoyed	0	1	2	3	4	5	6
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Competent/capable	0	1	2	3	4	5	6
Hassled/pushed around . . .	0	1	2	3	4	5	6
Warm/friendly	0	1	2	3	4	5	6
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Where were you?

- At home At work Somewhere else

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- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
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Where were you?

- At home At work Somewhere else

Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
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| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
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| students/patients | |

How did you feel during this episode?

Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt.

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Where were you?

- At home At work Somewhere else

Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

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How did you feel during this episode?

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Have you rated all of your episodes, including the last episode of the day, just before you went to bed? If so, you may go on to Packet 4.

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How did you feel during this episode?

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Tired	0	1	2	3	4	5	6	0	1	2	3	4	5	6

Have you rated all of your episodes, including the last episode of the day, just before you went to bed? If so, you may go on to Packet 4.

Next Episode

Now look at your Diary and select the episode that immediately followed the one you just rated.

This is episode number _____, which began at _____ and ended at _____.

What were you doing? (please check all that apply)

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| <input type="checkbox"/> intimate relations | <input type="checkbox"/> exercising |
| <input type="checkbox"/> other (please specify _____) | |

Where were you?

- At home At work Somewhere else

Were you interacting with anyone (including on the phone, in a teleconference, etc)?

- no one → *skip next question.*

If you were interacting with someone (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> spouse/significant other | <input type="checkbox"/> my children |
| <input type="checkbox"/> friends | <input type="checkbox"/> parents/relatives |
| <input type="checkbox"/> co-workers | <input type="checkbox"/> boss |
| <input type="checkbox"/> clients/customers/ | <input type="checkbox"/> other people not listed |
| <input type="checkbox"/> _____ | |
| students/patients | |

How did you feel during this episode?

Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please circle the number between 0 and 6 that best describes how you felt.

	Not at all						Very much
Impatient for it to end	0	1	2	3	4	5	6
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Enjoying myself	0	1	2	3	4	5	6
Criticized/put down	0	1	2	3	4	5	6
Tired	0	1	2	3	4	5	6

If you have more episodes to rate, please ask the attendant for additional forms.

Have you rated all of your episodes, including the last episode of the day, just before you went to bed? If so, you may go on to Packet 4.

Packet 4

A Few More Questions about Yesterday

Now that you have told us about your day in detail, we have a few more general questions.

Now we would like to know overall how you felt and what your mood was like yesterday. Thinking only about yesterday, what percentage of the time were you

in a bad mood	_____ %
a little low or irritable	_____ %
in a mildly pleasant mood	_____ %
in a very good mood	_____ %
Sum	100%

Now we'd like to know how typical yesterday was for that day of the week (i.e., for a Monday, for a Tuesday, or so on). Compared to what that day of the week usually is like, yesterday was (please circle one)

Much Worse	Somewhat Worse	Pretty Typical	Somewhat Better	Much Better
1	2	3	4	5

Now we would like to know overall how you felt and what your mood was like at work yesterday. Thinking only about the time you spent at work yesterday, what percentage of the time were you

in a bad mood	_____%
a little low or irritable	_____%
in a mildly pleasant mood	_____%
in a very good mood	_____%
Sum	100%

Now we'd like to know how yesterday compares to a typical day at work. Compared to a typical day at work, my time spent at work yesterday was (please circle one)

Much Worse	Somewhat Worse	Pretty Typical	Somewhat Better	Much Better
1	2	3	4	5

Your Job

Now we would like to learn more about your current job.

Do you work more than one job? Yes No

If you work more than one job, please answer these questions for your main job.
By main job we mean the one at which you usually work the most hours in a typical week.

When did you begin to work for your current employer? ___/___ (month / year)

If you worked previously for this employer in a different position, when did your present position start? ___/___ (month / year)

Within your organization, is your current position considered

- a low-level position
- a mid-level position
- a high-level position

What type of organization do you work for?

- Government
- Private for profit company
- Nonprofit organization (including tax exempt and charitable organizations)
- Self employed
- Working in the family business

What industry is this organization in? (check all that apply)

- Agriculture, forestry and fishing
- Mining, natural resources
- Utilities
- Construction
- Manufacturing
- Wholesale and warehousing
- Retail
- Transportation
- Information (e.g., newspapers, magazines, software)
- Finance and insurance
- Real estate and rental
- Professional services (e.g., consulting, law, engineering or accounting firms)
- Administrative and support services
- Education
- Health care
- Social services
- Arts, entertainment and recreation
- Accommodation (e.g., hotels)
- Other services (e.g., automotive repair, cleaning, yard services)
- Public administration

Counting all locations where your employer operates, what is the total number of people who work for your employer?

- 25 or less
- between 25 and 100
- between 100 and 500
- between 500 and 1000
- 1000 or more

What kind of work do you do, that is, what your occupation? (For example: plumber, typist, farmer)

—

What are your usual activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.)

In a typical week, how many hours do you work at your main job?

___ hours per week

Would you prefer to work more, less or about the same number of hours?

Less hours

About the same

More hours

On this job, are you a member of a labor union or of an employee association similar to a union?

Yes

No

Does your employer offer a health insurance plan for you?

Yes

No

Does your employer offer a pension or retirement plan for you?

Yes

No

Next, we would like to know how well the statements below describe your situation at work.

Please rate each statement on the scale given. Please circle the number to indicate how well the statement describes your work situation.

Does this statement describe your situation at work?

Statement	Definitely Not	Mostly Not	Mostly Yes	Definitely Yes
It takes specialized education or training to do my job	1	2	3	4
My employer provides all of the resources needed to do my job well	1	2	3	4
Giving advice to other workers is part of my job	1	2	3	4
There are opportunities to make decisions that help clients/ customers/students/patients	1	2	3	4
People in my position are at risk of being fired or laid off	1	2	3	4
Frequent interactions with co-workers is an important part of my job	1	2	3	4
There are many opportunities to show initiative	1	2	3	4
Under constant and close supervision	1	2	3	4

Does this statement describe your situation at work?

Statement	Definitely Not	Mostly Not	Mostly Yes	Definitely Yes
Supervise others	1	2	3	4
Can chat with other workers while on job	1	2	3	4
Can plan my own activities	1	2	3	4
Telecommute/work at home	1	2	3	4
Flexible hours	1	2	3	4
Can be required to work overtime	1	2	3	4
Work night shifts	1	2	3	4
Work different shifts from day to day or week to week	1	2	3	4
Breaks are infrequent and short	1	2	3	4
There is time pressure; constant pressure to work fast	1	2	3	4
Have to travel frequently	1	2	3	4
Have to do pretty much the same thing all day	1	2	3	4

Does this statement describe your situation at work?

Statement	Definitely Not	Mostly Not	Mostly Yes	Definitely Yes
Involves a significant risk of injury	1	2	3	4
Requires constant attention to avoid mistakes	1	2	3	4
Small mistakes can have serious consequences	1	2	3	4
Have direct interactions with unhappy clients/customers/ students/patients	1	2	3	4
Exposed to offensive noise	1	2	3	4
Exposed to dust, dirt, bad smells	1	2	3	4
Exposed to the weather	1	2	3	4
Have to stand on my feet most of the time	1	2	3	4
Work is physically demanding, requires muscle	1	2	3	4
Excellent benefits	1	2	3	4
I am overqualified for the job I do	1	2	3	4

How does your current job compare to the job you had a year ago?

- Better than a year ago
- About the same as a year ago
- Worse than a year ago

How easy would it be for you to find another job that is at least as attractive as your main job? (please circle a number)

- | | | | | | | | |
|-------------------|---|---|---|---|---|---|--------------|
| Very
Difficult | | | | | | | Very
easy |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

For your job, what is the easiest way for you to report your total earnings before taxes or other deductions?

- Hourly
- Weekly
- Biweekly (every two weeks)
- Twice monthly
- Monthly
- Annually
- Other (specify) _____

Including overtime pay, tips and commissions, and before taxes or other deductions, what are your usual earnings for the period of time you indicated in the previous question?

How Do Others See You?

In this section, we would like to learn how **others** see you.

What would the people who know you say about you? For each of the following, please indicate where they would place you on the scale below.

On this scale, a -3 means that this is much less characteristic of you than of other people. A 0 means that others would see you as about average. A +3 means it is much more characteristic of you than of others. Please circle the number between -3 and +3 that best describes what others would say about you.

	Much less than others		About average			Much more than others	
	-3	-2	-1	0	+1	+2	+3
enthusiastic	-3	-2	-1	0	+1	+2	+3
optimistic	-3	-2	-1	0	+1	+2	+3
laughs easily	-3	-2	-1	0	+1	+2	+3
always sees the bright side	-3	-2	-1	0	+1	+2	+3
comfortable everywhere	-3	-2	-1	0	+1	+2	+3
enjoys good food	-3	-2	-1	0	+1	+2	+3
enjoys being in company	-3	-2	-1	0	+1	+2	+3
pessimistic	-3	-2	-1	0	+1	+2	+3
often worries for nothing	-3	-2	-1	0	+1	+2	+3
a bit depressed	-3	-2	-1	0	+1	+2	+3
often angry	-3	-2	-1	0	+1	+2	+3
tense and uncomfortable	-3	-2	-1	0	+1	+2	+3

During the past month, how would you rate your overall sleep quality?

very good fairly good fairly bad very bad

During the past month, on average how many hours of *actual sleep* did you get at night?

Average hours of sleep per night _____

Last night, how many hours of *actual sleep* did you get?

Hours of sleep last night _____

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

not during the past month
 less than once a week/
 once or twice a week
 three or more times a week

During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

no problem at all
 only a very slight problem
 somewhat of a problem
 a very big problem

How satisfied are you with your health these days? Are you

very satisfied satisfied not very satisfied not at all satisfied

How important are religious activities in your life?

very important fairly important slightly important not at all important

You have now completed the survey. Please review each packet to be sure you have answered all the questions. Thank you very much for participating.

After you have checked your answers, put all of the numbered packets (except the diary if you wish to keep it) in the large envelope. Then take your large envelope to the coordinator at the back of the room. Please be as quiet as possible, since others are still working.