

Instructions for Health Distress Index Diary (HDI – D)

Overview: The purpose of the health distress surveys is for you personally evaluate your symptoms of stress, pain, tension, and mood changes during a week. The Health Distress Index Diary (HDI – D) asks you to evaluate your experience each day of the week for 7 consecutive days. The HDI-D asks you to place a number of 4, 3, 2, or 1 in a column, leaving a space blank rather than writing in 0. Each column on the HDI-D refers to one day of the week. You are also requested to list the start date and day of the week you began the HDI-D.

Rating Levels: For items #1 to #40, please rate your most typical daily experience for each of the items indicated, using the rating scale of “4” for the *Highest Level* of the presence of that symptom or experience, “3” for a *High Level*, “2” for a *Moderate or Middle Level*, “1” for a *Mild Level*, and “ ” (leave blank) for *None* or no occurrence of that particular symptom or experience. Do not place a “0” in the “None” column, just leave that space empty when you do not have that experience.

Symptom Evaluations: Self-report ratings are very subjective, thus you should anchor your evaluations by comparing them to the range of such experiences that you have previously had in your life. A rating of “4”, for example, would be reserved for the worst night you ever had in falling asleep or remaining asleep, the most severe headache, back pain, or body ache that you have ever suffered, the most bothersome nausea or coughing that you have ever experienced, the most pronounced period of overeating or under eating that you have ever done, the worst feelings of nervousness or depression that you can remember, or the best times of feeling good or working productively that you can remember. To rate such experiences as sweaty palms, you might touch your hands, whereas to assist your sense of shoulder tension, press your fingers into the muscles of your shoulders. A rating of “3” is a high level of that experience, but not as pronounced or as frequent as a “4” rating. A level of “2” is approximately half of the rating of “4.” A level “1” is barely noticeable.

Number of Experiences: For items #41 to #45 on the Health Distress Diary (HDI-D), please show the number of minutes or hours you engaged in that activity, rather than using the “4” to “1” rating scale.

Physical Exercise: For item #41, indicate any vigorous exercise, such as brisk walking, jogging, going to the gym, or playing a sport. On the HDI-D, show the total number of minutes spent exercising each day.

Closed-Eyes Relaxation: For item #42, indicate any deep relaxation technique that you do with your eyes closed, usually in a quiet, secluded environment. It may include prayer, meditation, abdominal breathing, progressive relaxation, autogenic training, self-hypnosis, or guided imagery. For the HDI-D, show the total number of minutes spent relaxing.

Cigarette Frequency: For item #43, indicate the total number of cigarettes smoked each day of the week.

Alcohol Frequency: For item #44, indicate the total number of drinks consumed each day of the week. One drink of alcohol equals one full glass of beer, one small glass of wine, or one shot of distilled liquor in a cocktail.

Work and School: For item #45, indicate the total number of hours that you spent at work and/or going to school.

Menstruation: For women, please show which days that you experienced your *menstrual period* over the past week, if at all, by placing an “M” in that column.

Health Distress Index Diary

HDI – D

Name or I.D. : _____ Day of Week of Day 1: _____ Date of Day 1: _____

Rate Degree of Experience (Items #1 to #40): 4 = Very High 3 = High 2 = Moderate 1 = Low ___ = None

	Symptoms or Experiences	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1.	Difficulty falling asleep at night							
2.	Difficulty remaining asleep at night							
3.	Felt sleep duration at night was inadequate or insufficient							
4.	Tired, drowsy, or fatigued during the day							
5.	Full of energy and vitality during the day							
6.	Felt good, happy, euphoric							
7.	Engaged in fun or enjoyable activities							
8.	Socialized with people I like to be with							
9.	Felt confident or optimistic about things							
10.	Able to work productively and accomplish tasks I set							
11.	Back pain or backache							
12.	Headaches							
13.	Shoulder tension or stiff neck							
14.	Aches or stiffness in hands, arms, feet, or legs							
15.	Movements or activities limited by bodily pain							
16.	Chest pain, chest tightness, or tenderness in breasts							
17.	Nausea, stomachache, or abdominal discomfort							
18.	Constipation or diarrhea [<i>circle which one</i>]							
19.	Excessive overeating or binge eating							
20.	Under eating or low appetite							
21.	Runny nose, sneezing, or nasal congestion							
22.	Difficulty breathing, coughing, or lung congestion							
23.	Sore throat, mouth sores, or swollen lymph glands							
24.	Felt ill, sick, chills, or feverish							
25.	Sweaty palms or general sweating not due to heat							
26.	Heart pounding, rapid heart beats, or heart palpitations							
27.	Felt dizzy, unsteady, or faint							
28.	Trembling, shaky, or easily startled							
29.	Felt tense, restless, agitated, or on edge							
30.	Nervous or anxious							
31.	Felt scared or panicked for no apparent reason							
32.	Afraid something bad will happen beyond my control							
33.	Difficulty concentrating or unable to make decisions							
34.	Depressed, hopeless, or discouraged							
35.	Felt worthless or miserable							
36.	Lonely, isolated, or withdrawn							
37.	Sad, tearful, or cried easily							
38.	Experienced little interest or pleasure in daily activities							
39.	Felt irritable, angry, or resentful							
40.	Recurrent thoughts that are self-critical or negative							
41.	Number of minutes engaged in physical exercise							
42.	Number of minutes engaged in closed-eyes relaxation							
43.	Number of cigarettes smoked per day							
44.	Number of alcoholic drinks consumed per day							
45.	Number of hours went to work and / or school							
M	M = Menstrual Period Occurred (<i>For Women Only</i>)							

Health Distress Index Diary Journal

HDI – D

Please describe below any personally significant or stressful events which occurred to you during each day of the week. Only note events which are not typical daily occurrences. Indicate positive experiences as well as negative events, friendly interactions or angry arguments with other people, and any problems that occurred at home, at work, or when traveling between work and home. Also list the name and the dosage of any medication you took that day. If you take the same medications every day, you may indicate an abbreviation for that medication and list only the abbreviation each day. Food items that you ate for breakfast, lunch, or dinner may also be shown to track your nutritional intake.

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7: