

## Health Distress Index : Research Form

HDI – R

Name or I.D. : \_\_\_\_\_ Date : \_\_\_\_\_

Symptoms or Experiences During Previous 7 Days Place an "X" mark in the column that applies to you		Degree or Frequency of Experience				
		Never	Low	Middle	High	Highest
1.	Recurrent thoughts that are self-critical or negative					
2.	Excessive overeating or binge eating					
3.	Trembling, shaky, or easily startled					
4.	Full of energy and vitality during the day					
5.	Difficulty falling asleep at night					
6.	Felt ill, sick, chills, or feverish					
7.	Felt worthless or miserable					
8.	Headaches					
9.	Socialized with people I like to be with					
10.	Felt dizzy, unsteady, or faint					
11.	Lonely, isolated, or withdrawn					
12.	Felt scared or panicked for no apparent reason					
13.	Difficulty breathing, coughing, or lung congestion					
14.	Tired, drowsy, or fatigued during the day					
15.	Under eating or low appetite					
16.	Aches or stiffness in hands, arms, feet, or legs					
17.	Depressed, hopeless, or discouraged					
18.	Felt confident or optimistic about things					
19.	Movements or activities limited by bodily pain					
20.	Sweaty palms or general sweating not due to heat					
21.	Difficulty remaining asleep at night					
22.	Runny nose, sneezing, or nasal congestion					
23.	Able to work productively and accomplish tasks I set					
24.	Chest pain, chest tightness, or tenderness in breasts					
25.	Heart pounding, rapid heart beats, or heart palpitations					
26.	Engaged in fun or enjoyable activities					
27.	Nervous or anxious					
28.	Constipation or diarrhea [ circle which one ]					
29.	Experienced little interest or pleasure in daily activities					
30.	Back pain or backache					
31.	Sad, tearful, or cried easily					
32.	Nausea, stomachache, or abdominal discomfort					
33.	Felt sleep duration at night was inadequate or insufficient					
34.	Felt tense, restless, agitated, or on edge					
35.	Difficulty concentrating or unable to make decisions					
36.	Felt good, happy, euphoric					
37.	Sore throat, mouth sores, or swollen lymph glands					
38.	Afraid something bad will happen beyond my control					
39.	Shoulder tension or stiff neck					
40.	Felt irritable, angry, or resentful					
41.	Number of days of physical exercise / average minutes per day	No. Days:			Minutes:	
42.	Number of days of closed-eyes relaxation / average time per day	No. Days:			Minutes:	
43.	Number of days smoked cigarettes / average number per day	No. Days:			Number:	
44.	Number of days consumed alcoholic drinks / number per day	No. Days:			Number:	
45.	Number of days went to work and/or school / typical hours per day	No. Days:			Hours:	

## Instructions for Health Distress Index

**Overview:** The purpose of this health distress survey is assist you in evaluating your personal symptoms of stress, pain, tension, and mood changes during the past week. The Health Distress Index (HDI) focuses upon stress-related experiences that occurred to you over the previous 7 days. You are asked to place an “X” in the appropriate column related to the degree or the frequency of each experience.

**Rating Levels:** For items #1 to #40, please rate your most typical daily experience for each of the items indicated, using a rating scale ranging from the **Highest** level of the presence of that experience, to **High** level, to **Middle** level, to **Low** level, or **Never** was there an occurrence of that particular symptom or experience.

**Basis of 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 **Highest**, 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 place your hands on your forehead, whereas to assist your sense of shoulder tension, press your fingers into the muscles of your shoulders.

**Number of Experiences:** For items #41 to #45 on the Health Distress Index (HDI), please show the number of minutes you engaged in that activity or the number of times you took that item.

**Physical Exercise:** For item #41, indicate any vigorous physical exercise, such as brisk walking, jogging, going to the gym, or playing a sport. On the HDI – 45 R, indicate the number of days out of 7 days in a week, during which you did any physical exercise or athletic activity. Also show the average number of minutes of exercise on those days that you were active.

**Closed-Eyes Relaxation:** For item #42, indicate any deep relaxation technique that you do with your eyes closed, usually in a quiet environment. It may include prayer, meditation, abdominal breathing, progressive relaxation, autogenic training, self-hypnosis, guided imagery, or just listening to soothing music. It does not include watching TV, reading, or talking to others. On the HDI – 45 R, indicate the number of days out of 7 days in a week, during which you did any relaxation process. Also show the total number of minutes of relaxation on those days.

**Cigarette Frequency:** For item #43, list on the HDI – 45 R the number of days out of 7 that you smoked cigarettes and the average number of cigarettes that you smoked on those days.

**Alcohol Frequency:** For item #44, list on the HDI – 45 R the number of days out of 7 that you drank alcohol and the average number of glasses of alcohol consumed in a 24 hour period. One drink of alcohol equals one full glass of beer, one small glass of wine, or one shot of distilled liquor by itself or in a mixed drink.

**Work Time:** For item #45, list on the HDI – 45 R the number of days out of 7 that you went to work and/or school and also indicate the typical number of hours that includes both your commute time to and from work or school as well as the average number of hours at work or school.