

Visit _____
 ID number _____
 Candidate's initials _____
 Visit date ____/____/____

**TRIALS OF HYPERTENSION PREVENTION
 Hassles Scale**

DIRECTIONS: Hassles are irritants that can range from minor annoyances to fairly major pressures, problems, or difficulties. They can occur few or many times. Listed below are a number of ways in which a person can feel hassled. First, circle the number of each hassle that has happened to you in the *PAST MONTH*. Then look at the numbers to the right of the items you circled. Indicate by circling a 1, 2, or 3 how SEVERE each of the *circled* hassles has been for you in the past month. If a hassle did not occur in the last month, do *NOT* circle it.

	Somewhat Severe	Moderately Severe	Extremely Severe	
1. Misplacing or losing things	1	2	3	<input type="checkbox"/>
2. Troublesome neighbors	1	2	3	<input type="checkbox"/>
3. Social obligations	1	2	3	<input type="checkbox"/>
4. Inconsiderate smokers	1	2	3	<input type="checkbox"/>
5. Troubling thoughts about your future	1	2	3	<input type="checkbox"/>
6. Thoughts about death	1	2	3	<input type="checkbox"/>
7. Health of a family member	1	2	3	<input type="checkbox"/>
8. Not enough money for clothing	1	2	3	<input type="checkbox"/>
9. Not enough money for housing	1	2	3	<input type="checkbox"/>
10. Concerns about owing money	1	2	3	<input type="checkbox"/>
11. Concerns about getting credit	1	2	3	<input type="checkbox"/>
12. Concerns about money for emergencies	1	2	3	<input type="checkbox"/>
13. Someone owes you money	1	2	3	<input type="checkbox"/>
14. Financial responsibility for someone who doesn't live with you	1	2	3	<input type="checkbox"/>
15. Cutting down on electricity, water, etc.	1	2	3	<input type="checkbox"/>
16. Smoking too much	1	2	3	<input type="checkbox"/>
17. Use of alcohol	1	2	3	<input type="checkbox"/>
18. Personal use of drugs	1	2	3	<input type="checkbox"/>
19. Too many responsibilities	1	2	3	<input type="checkbox"/>
20. Decisions about having children	1	2	3	<input type="checkbox"/>
21. Non-family members living in your house	1	2	3	<input type="checkbox"/>
22. Care for pet	1	2	3	<input type="checkbox"/>
23. Planning meals	1	2	3	<input type="checkbox"/>
24. Concerned about the meaning of life	1	2	3	<input type="checkbox"/>
25. Trouble relaxing	1	2	3	<input type="checkbox"/>
26. Trouble making decisions	1	2	3	<input type="checkbox"/>
27. Problems getting along with fellow workers	1	2	3	<input type="checkbox"/>
28. Customers or clients give you a hard time	1	2	3	<input type="checkbox"/>
29. Home maintenance (inside)	1	2	3	<input type="checkbox"/>
30. Concerns about job security	1	2	3	<input type="checkbox"/>
31. Concerns about retirement	1	2	3	<input type="checkbox"/>
32. Laid-off or out of work	1	2	3	<input type="checkbox"/>
33. Don't like current work duties	1	2	3	<input type="checkbox"/>
34. Don't like fellow workers	1	2	3	<input type="checkbox"/>
35. Not enough money for basic necessities	1	2	3	<input type="checkbox"/>
36. Not enough money for food	1	2	3	<input type="checkbox"/>
37. Too many interruptions	1	2	3	<input type="checkbox"/>
38. Unexpected company	1	2	3	<input type="checkbox"/>
39. Too much time on hands	1	2	3	<input type="checkbox"/>

Hassles, 1/23



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40. Having to wait	1	2	3	<input type="checkbox"/>
41. Concerns about accidents	1	2	3	<input type="checkbox"/>
42. Being lonely	1	2	3	<input type="checkbox"/>
43. Not enough money for health care	1	2	3	<input type="checkbox"/>
44. Fear of confrontation	1	2	3	<input type="checkbox"/>
45. Financial security	1	2	3	<input type="checkbox"/>
46. Silly practical mistakes	1	2	3	<input type="checkbox"/>
47. Inability to express yourself	1	2	3	<input type="checkbox"/>
48. Physical illness	1	2	3	<input type="checkbox"/>
49. Side effects of medication	1	2	3	<input type="checkbox"/>
50. Concerns about medical treatment	1	2	3	<input type="checkbox"/>
51. Physical appearance	1	2	3	<input type="checkbox"/>
52. Fear of rejection	1	2	3	<input type="checkbox"/>
53. Difficulties with getting pregnant	1	2	3	<input type="checkbox"/>
54. Sexual problems that result from physical problems	1	2	3	<input type="checkbox"/>
55. Sexual problems other than those resulting from physical problems	1	2	3	<input type="checkbox"/>
56. Concerns about health in general	1	2	3	<input type="checkbox"/>
57. Not seeing enough people	1	2	3	<input type="checkbox"/>
58. Friends or relatives too far away	1	2	3	<input type="checkbox"/>
59. Preparing meals	1	2	3	<input type="checkbox"/>
60. Wasting time	1	2	3	<input type="checkbox"/>
61. Auto maintenance	1	2	3	<input type="checkbox"/>
62. Neighborhood deterioration	1	2	3	<input type="checkbox"/>
63. Filling out forms	1	2	3	<input type="checkbox"/>
64. Financing children's education	1	2	3	<input type="checkbox"/>
65. Problems with employees	1	2	3	<input type="checkbox"/>
66. Problems with job due to being a woman or man	1	2	3	<input type="checkbox"/>
67. Declining physical abilities	1	2	3	<input type="checkbox"/>
68. Being exploited	1	2	3	<input type="checkbox"/>
69. Concerns about bodily functions	1	2	3	<input type="checkbox"/>
70. Rising prices of common goods	1	2	3	<input type="checkbox"/>
71. Not getting enough rest	1	2	3	<input type="checkbox"/>
72. Not getting enough sleep	1	2	3	<input type="checkbox"/>
73. Problems with aging parents	1	2	3	<input type="checkbox"/>
74. Problems with your children	1	2	3	<input type="checkbox"/>
75. Problems with persons younger than yourself	1	2	3	<input type="checkbox"/>
76. Problems with your lover	1	2	3	<input type="checkbox"/>
77. Difficulties seeing or hearing	1	2	3	<input type="checkbox"/>
78. Overloaded with family responsibilities	1	2	3	<input type="checkbox"/>
79. Too many things to do	1	2	3	<input type="checkbox"/>
80. Unchallenging work	1	2	3	<input type="checkbox"/>
81. Concerns about meeting high standards	1	2	3	<input type="checkbox"/>
82. Financial dealings with friends or acquaintances	1	2	3	<input type="checkbox"/>
83. Job dissatisfactions	1	2	3	<input type="checkbox"/>
84. Worries about decisions to change jobs	1	2	3	<input type="checkbox"/>



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85. Trouble with reading, writing, or spelling abilities	1	2	3	<input type="checkbox"/>
86. Too many meetings	1	2	3	<input type="checkbox"/>
87. Problems with divorce or separations	1	2	3	<input type="checkbox"/>
88. Trouble with arithmetic skills	1	2	3	<input type="checkbox"/>
89. Gossip	1	2	3	<input type="checkbox"/>
90. Legal problems	1	2	3	<input type="checkbox"/>
91. Concerns about weight	1	2	3	<input type="checkbox"/>
92. Not enough time to do the things you need to do	1	2	3	<input type="checkbox"/>
93. Television	1	2	3	<input type="checkbox"/>
94. Not enough personal energy	1	2	3	<input type="checkbox"/>
95. Concerns about inner conflicts	1	2	3	<input type="checkbox"/>
96. Feel conflicted over what to do	1	2	3	<input type="checkbox"/>
97. Regrets over past decisions	1	2	3	<input type="checkbox"/>
98. Menstrual (period) problems	1	2	3	<input type="checkbox"/>
99. The weather	1	2	3	<input type="checkbox"/>
100. Nightmares	1	2	3	<input type="checkbox"/>
101. Concerns about getting ahead	1	2	3	<input type="checkbox"/>
102. Hassles from boss or supervisor	1	2	3	<input type="checkbox"/>
103. Difficulties with friends	1	2	3	<input type="checkbox"/>
104. Not enough time for family	1	2	3	<input type="checkbox"/>
105. Transportation problems	1	2	3	<input type="checkbox"/>
106. Not enough money for transportation	1	2	3	<input type="checkbox"/>
107. Not enough money for entertainment and recreation	1	2	3	<input type="checkbox"/>
108. Shopping	1	2	3	<input type="checkbox"/>
109. Prejudice and discrimination from others	1	2	3	<input type="checkbox"/>
110. Property, investments or taxes	1	2	3	<input type="checkbox"/>
111. Not enough time for entertainment and recreation	1	2	3	<input type="checkbox"/>
112. Yardwork or outside home maintenance	1	2	3	<input type="checkbox"/>
113. Concerns about news events	1	2	3	<input type="checkbox"/>
114. Noise	1	2	3	<input type="checkbox"/>
115. Crime	1	2	3	<input type="checkbox"/>
116. Traffic	1	2	3	<input type="checkbox"/>
117. Pollution	1	2	3	<input type="checkbox"/>

HAVE WE MISSED ANY OF YOUR HASSLES? IF SO, WRITE IT IN BELOW:

118. _____ 1 2 3

HAS THERE BEEN A CHANGE IN YOUR LIFE THAT AFFECTED
HOW YOU ANSWERED THIS SCALE?

YES (1) NO (2)

IF YOU ANSWERED YES, TELL US WHAT IT WAS:

119. _____

120. TOHP identification number of person responsible for
reviewing this form with participant

121. TOHP identification number of person responsible for
editing this form