

**TRIALS OF HYPERTENSION PREVENTION  
Psychological General Well-Being Schedule**

THIS FORM CONTAINS QUESTIONS ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN GOING WITH YOU DURING THE PAST MONTH. FOR EACH QUESTION, CHECK THE ANSWER THAT BEST APPLIES TO YOU.

1. How have you been feeling in general?
  - (1)  In excellent spirits
  - (2)  In very good spirits
  - (3)  In good spirits mostly
  - (4)  I have been up and down in spirits a lot
  - (5)  In low spirits mostly
  - (6)  In very low spirits
  
2. How often were you bothered by any illness, bodily disorder, aches, or pains?
  - (1)  Every day
  - (2)  Almost every day
  - (3)  About half of the time
  - (4)  Now and then, but less than half the time
  - (5)  Rarely
  - (6)  None of the time
  
3. Did you feel depressed?
  - (1)  Yes—to the point that I felt like taking my life
  - (2)  Yes—to the point that I did not care about anything
  - (3)  Yes—very depressed almost every day
  - (4)  Yes—quite depressed several times
  - (5)  Yes—a little depressed now and then
  - (6)  No—never felt depressed at all
  
4. Have you been in firm control of your behavior, thoughts, emotions, or feelings?
  - (1)  Yes, definitely so
  - (2)  Yes, for the most part
  - (3)  Generally so
  - (4)  Not too well
  - (5)  No, and I am somewhat disturbed
  - (6)  No, and I am very disturbed
  
5. Have you been bothered by nervousness or your "nerves"?
  - (1)  Extremely so—to the point where I could not work or take care of things
  - (2)  Very much so
  - (3)  Quite a bit
  - (4)  Some—enough to bother me
  - (5)  A little
  - (6)  Not at all
  
6. How much energy, pep, or vitality did you have or feel?
  - (1)  Very full of energy—lots of pep
  - (2)  Fairly energetic most of the time
  - (3)  My energy level varied quite a bit
  - (4)  Generally low in energy or pep most of the time
  - (5)  Very low in energy or pep most of the time
  - (6)  No energy or pep at all—I felt drained, sapped

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7. I felt downhearted and blue
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time
8. Were you generally tense or did you feel any tension?
- (1)  Yes— extremely tense most or all of the time
  - (2)  Yes— very tense most of the time
  - (3)  Not generally tense, but did feel fairly tense several times
  - (4)  I felt a little tense a few times
  - (5)  My general tension level was quite low
  - (6)  I never felt tense or any tension at all
9. How happy, satisfied, or pleased have you been with your personal life?
- (1)  Extremely happy— could not have been more satisfied or pleased
  - (2)  Very happy most of the time
  - (3)  Generally satisfied, pleased
  - (4)  Sometimes fairly happy, sometimes fairly unhappy
  - (5)  Generally dissatisfied, unhappy
  - (6)  Very dissatisfied or unhappy most or all of the time
10. Did you feel healthy enough to carry out the things you like to do or had to do?
- (1)  Yes, definitely so
  - (2)  For the most part
  - (3)  Health problems limited me in some important ways
  - (4)  I was only healthy enough to take care of myself
  - (5)  I needed some help in taking care of myself
  - (6)  I needed someone to help me with most or all of the things I had to do
11. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?
- (1)  Extremely so— to the point that I have just about given up
  - (2)  Very much so
  - (3)  Quite a bit
  - (4)  Some— enough to bother me
  - (5)  A little bit
  - (6)  Not at all
12. I woke up feeling fresh and rested
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time
13. Have you been concerned, worried, or had any fears about your health?
- (1)  Extremely so
  - (2)  Very much so
  - (3)  Quite a bit
  - (4)  Some, but not a lot
  - (5)  Practically never
  - (6)  Not at all
14. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, or feel, or of your memory?
- (1)  Not at all
  - (2)  Only a little
  - (3)  Some— but not enough to be concerned or worried about
  - (4)  Some, and I have been a little concerned
  - (5)  Some, and I am quite concerned
  - (6)  Yes, very much so, and I am very concerned

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15. My daily life was full of things that were interesting to me
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time
16. Did you feel active, vigorous, or dull, sluggish?
- (1)  Very active, vigorous every day
  - (2)  Mostly active, vigorous— never really dull, sluggish
  - (3)  Fairly active, vigorous— seldom dull, sluggish
  - (4)  Fairly dull, sluggish— seldom active, vigorous
  - (5)  Mostly dull, sluggish— never really active, vigorous
  - (6)  Very dull, sluggish every day
17. Have you been anxious, worried, or upset?
- (1)  Extremely so— to the point of being sick or almost sick
  - (2)  Very much so
  - (3)  Quite a bit
  - (4)  Some— enough to bother me
  - (5)  A little bit
  - (6)  Not at all
18. I was emotionally stable and sure of myself
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time
19. Did you feel relaxed, at ease or high strung, tight, or keyed-up?
- (1)  Felt relaxed and at ease the whole month
  - (2)  Felt relaxed and at ease most of the time
  - (3)  Generally felt relaxed but at times felt fairly high strung
  - (4)  Generally felt high strung but at times felt fairly relaxed
  - (5)  Felt high strung, tight, or keyed-up most of the time
  - (6)  Felt high strung, tight, or keyed-up the whole month
20. I felt cheerful, lightheaded
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time
21. I felt tired, worn out, used up, or exhausted
- (1)  None of the time
  - (2)  A little of the time
  - (3)  Some of the time
  - (4)  A good bit of the time
  - (5)  Most of the time
  - (6)  All of the time

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22. Have you been under or felt you were under any strain, stress, or pressure?

- (1)  Yes—almost more than I could bear or stand
- (2)  Yes—quite a bit of pressure
- (3)  Yes, some—more than usual
- (4)  Yes, some—but about usual
- (5)  Yes—a little
- (6)  Not at all

23. How satisfactory have your relationships with other people been?

- (1)  Extremely unsatisfactory
- (2)  Very unsatisfactory
- (3)  Somewhat unsatisfactory
- (4)  Somewhat satisfactory
- (5)  Very satisfactory
- (6)  Extremely satisfactory

24. How much have you enjoyed eating out in restaurants?

- (1)  Extremely so
- (2)  Very much so
- (3)  Quite a bit
- (4)  Some, but not a lot
- (5)  Practically never
- (6)  Not at all

25. Has the frequency with which you ate out during the past month

- (1)  Increased dramatically
- (2)  Increased somewhat
- (3)  Stayed the same
- (4)  Decreased somewhat
- (5)  Decreased dramatically

26. How important is it for you to enjoy eating out in restaurants?

- (1)  Extremely important
- (2)  Important
- (3)  Somewhat important
- (4)  Not very important
- (5)  Not at all important

27. How much did you enjoy visiting with your friends and relatives?

- (1)  Extremely so
- (2)  Very much so
- (3)  Quite a bit
- (4)  Some, but not a lot
- (5)  Practically never
- (6)  Not at all

28. Has the frequency of visiting with friends and relatives during the past month

- (1)  Increased dramatically
- (2)  Increased somewhat
- (3)  Stayed the same
- (4)  Decreased somewhat
- (5)  Decreased dramatically

29. How important is it for you to enjoy visiting with friends and relatives?

- (1)  Extremely important
- (2)  Important
- (3)  Somewhat important
- (4)  Not very important
- (5)  Not at all important

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30. How much did you enjoy lunch and break times with co-workers?

- (1)  Extremely so
- (2)  Very much so
- (3)  Quite a bit
- (4)  Some, but not a lot
- (5)  Practically never
- (6)  Not at all

31. Has the frequency of enjoying lunch and break times with co-workers during the past month

- (1)  Increased dramatically
- (2)  Increased somewhat
- (3)  Stayed the same
- (4)  Decreased somewhat
- (5)  Decreased dramatically

32. How important is it for you to enjoy lunch and break times with co-workers?

- (1)  Extremely important
- (2)  Important
- (3)  Somewhat important
- (4)  Not very important
- (5)  Not at all important

FOR THE FOLLOWING ITEMS, PLEASE USE A FIVE-POINT SCALE TO INDICATE THE DEGREE OF DISTRESS YOU EXPERIENCE WITH EACH OF THE FOLLOWING SYMPTOMS.

	Not at all		Somewhat		Extremely
33. Feeling worn out	1	2	3	4	5
34. Feeling faint or lightheaded	1	2	3	4	5
35. Skin rash	1	2	3	4	5
[REDACTED]					
39. Hands sensitive to cold	1	2	3	4	5
40. Numbness or tingling of hands	1	2	3	4	5
41. Swelling of ankles	1	2	3	4	5
[REDACTED]					
45. Blurred vision	1	2	3	4	5
46. Bad taste in mouth	1	2	3	4	5
47. Back pain	1	2	3	4	5
[REDACTED]					
51. Loose, frequent stools	1	2	3	4	5
52. Frequent urination	1	2	3	4	5
53. Loss of appetite	1	2	3	4	5

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

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