

## DAILY HOME SURVEY

Full Name \_\_\_\_\_ ID \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**SECTION I:** Below are several statements with which you may agree or disagree. Using the 1-5 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

1                      2                      3                      4                      5  
Strongly Disagree      Disagree              Neutral              Agree              Strongly agree

1. \_\_\_\_ Right now after work, I feel too tired to do some of the things I'd like to do here at home.
2. \_\_\_\_ Today on the job I had so much work to do that it takes away from my personal interests.
3. \_\_\_\_ Today I feel preoccupied with work even while I am here at home.
4. \_\_\_\_ Today my work has taken up time that I'd like to spend with family/friends.
5. \_\_\_\_ Today I felt too tired at work because of the things I had (or have) to do at home.
6. \_\_\_\_ Today my personal demands were so great that it took away from my work.
7. \_\_\_\_ Today I think my peers may have felt I was preoccupied with my personal life while at work.
8. \_\_\_\_ Today I felt like my personal life took up time that I'd like to spend at work.
9. \_\_\_\_ At this very moment, I feel that I have a good marriage.
10. \_\_\_\_ My relationship with my partner is very stable today.
11. \_\_\_\_ Our marriage has been very strong today.
12. \_\_\_\_ Judging for today only, my relationship with my partner has made me happy.
13. \_\_\_\_ Today, I have really felt like part of a team with my partner.

**SECTION II:** This scale consists of a number of words that describe different feelings and emotions. Indicate to what extent you experience the following states right now, using this scale:

1=Very slightly or not at all  
2=A little  
3=Moderately  
4=Quite a bit  
5=Very much

- |                              |                        |                                  |
|------------------------------|------------------------|----------------------------------|
| 1. _____ Disgusted           | 7. _____ Ashamed       | 13. _____ Guilty                 |
| 2. _____ Scornful            | 8. _____ Scared        | 14. _____ Nervous                |
| 3. _____ Irritable           | 9. _____ Angry at self | 15. _____ Afraid                 |
| 4. _____ Upset               | 10. _____ Distressed   | 16. _____ Loathing               |
| 5. _____ Angry               | 11. _____ Blameworthy  | 17. _____ Hostile                |
| 6. _____ Disgusted with self | 12. _____ Jittery      | 18. _____ Dissatisfied with self |