

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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	Somewhat Severe	Moderately Severe	Extremely Severe	
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"/>
<b>88. Trouble with arithmetic skills .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>89. Gossip .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>90. Legal problems .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<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"/>
<b>94. Not enough personal energy .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>95. Concerns about inner conflicts .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>96. Feel conflicted over what to do .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<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"/>
<b>100. Nightmares .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>101. Concerns about getting ahead .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>102. Hassles from boss or supervisor .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<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"/>
<b>106. Not enough money for transportation .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>107. Not enough money for entertainment and recreation .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>108. Shopping .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<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"/>
<b>112. Yardwork or outside home maintenance .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>113. Concerns about news events .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<input type="checkbox"/>
<b>114. Noise .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<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 .....