

Applet Codebook: HBN EMA for Mindlogger
v0.30

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Part I

Protocol Intro

Intro To Protocol (IN PROGRESS)

0.1 NIMH - EMA: Daily Assessments

This MindLogger applet collects daily information on your physical and mental health. You will be asked a set of questions multiple times a day. We will record the information and share it with you and our researchers so we can look for patterns in the data.

Answer these questions to the best of your ability. It is okay if you don't know the answers to some of them!

0.1.1 Example topics for questions in the morning

- how many hours you have slept
- whether or not you had nightmares or night terrors
- if you took any sleep aids

0.1.2 Example topics for questions during midday and in the evening

- stress level
- energy level
- overall health

Thank you for your participation!

These questions were constructed as part of a collaboration between the National Institute of Mental Health and the MATTER Lab of the Child Mind Institute (<https://matter.childmind.org>).

Part II

Protocol Codebook

Chapter 1

Pre-Questionnaire

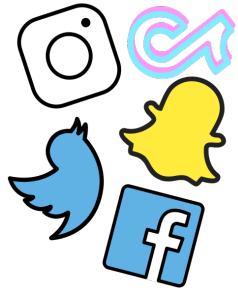
1.1 socialmedia

Question: “Do you have a social media account?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

1.2 socialmedia_type

Question: “What social media accounts do you use?”

Visibility: socialmedia = 1

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

Twitter

2

Instagram

3

Facebook

4

Snapchat

5

Tik-tok

6

other

Chapter 2

Morning and Sleep Behavior

2.1 morning_bedtime

Question: “About what time did you **go to bed** last night (regardless of the time you actually fell asleep)?”

Visibility: *Always*

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

2.2 morning_lights_off

Question: “What time did you **turn off the lights** (including TV, phone, tablets)?”

Visibility: *Always*

Item Type: Time input

Header Image:



Responses: Time in HH:MM AM/PM format via clock widget

2.3 morning_close_eyes

Question: “What time did you **close your eyes** to try to go to sleep?”

Visibility: Always

Item Type: Time input

Header Image:



Responses: Time in HH:MM AM/PM format via clock widget

2.4 morning_sleep_latency

Question: “How long did it take you to **fall asleep**?”

Visibility: Always

Item Type: Single-select radio button

Header Image:

**Responses:**

- Value
Label
1
less than 5 minutes
2
5 minutes
3
10 minutes
4
15 minutes
5
20 minutes
6
30 minutes
7
40 minutes
8
50 minutes
9
1 hour
10
1 hour 15 minutes
11

1 hour 30 minutes

12

1 hour 45 minutes

13

2 hours

14

more than 2 hours

2.5 morning_wake_number

Question: “How many times did you **wake up in the night**, not counting your final awakening?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

none

2

once

3

twice

4

3 or more times

2.6 morning_waketime

Question: “What time did you **wake up** this morning?”

Visibility: *Always*

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

2.7 morning_outbed

Question: “What time did you **get out of bed** for the day?”

Visibility: *Always*

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

2.8 morning_sleep_quantity

Question: “About how many hours did you **actually sleep**?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

less than 30 minutes

2

30 minutes

3

1 hour

4

1.5 hours

5

2 hours

6

2.5 hours

7

3 hours

8

3.5 hours

9

4 hours

10

4.5 hours

11

5 hours

12

5.5 hours

13

6 hours

14

6.5 hours

15

7 hours

16

7.5 hours

17

8 hours

18

8.5 hours

19

9 hours

20

9.5 hours

21

10 hours

22

10.5 hours

23

11 hours

24

11.5 hours

25

12 hours

26

12.5 hours

27

13 hours

28

13.5 hours

29

14 hours

30

14.5 hours

31

15 hours

32

15.5 hours

33

16 hours

34

more than 16 hours

2.9 morning_sleep_quality

Question: “How would you rate the **quality** of your sleep?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very poor

2

2

3

3

4

4
5
5
6
6
7
very good

2.10 morning_sleep_refreshed

Question: “How **refreshed** did you feel when you woke up?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value
Label
Image
1
not at all refreshed
2
2
3
3
4
4
5
5
6
6
7
fully refreshed

2.11 morning_sleep_problems

Question: “Which (if any) of the following **sleep problems** did you have last night?”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

difficulty falling asleep

2

awakening during the night

3

awakening too early

4

feeling unrefreshed or unrestored despite enough hours of sleep

5

nightmares

6

sleep walking

7

other sleep problem

2.12 morning_sleep_problems_reason

Question: “Were the **sleep problems** due to:”

Visibility: morning_sleep_problems.includes(1) or morning_sleep_problems.includes(2)
or morning_sleep_problems.includes(3) or morning_sleep_problems.includes(4)
or morning_sleep_problems.includes(5) or morning_sleep_problems.includes(6)
or morning_sleep_problems.includes(7)

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

noise or other disturbances

2

pain

3

worry

4

other thoughts

5

other reason

2.13 morning_sleeping_pills

Question: “Did you take sleeping pills or anything else to help you sleep last night?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

Chapter 3

Internet and Social Media (Morning)

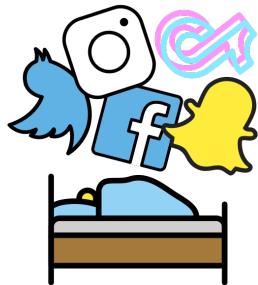
3.1 socialmedia_after_bedtime

Question: “Were you using your **social media** accounts **after bedtime**?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

3.2 socialmedia_fall_asleep

Question: “Did your use of social media impact your ability to **fall asleep** last night?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

Chapter 4

Context of Assessment

4.1 since_activity_monitor

Question: “Have you taken your activity monitor off since your last questionnaire?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

4.2 since_activity_monitor_time

Question: “When did you **take it off** and **put it back on**?”

Visibility: since_activity_monitor = 1

Item Type: Time-range input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

4.3 now_where

Question: “Where are you **right now**?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image: *None*

Responses:

Value

Label

Image

1

In my home

2

in home of relative or friend

3

at work or in class

- 4
in a restaurant/cafe/bar
- 5
in a store or shop
- 6
in the gym or fitness center
- 7
in a hospital or doctor's office
- 8
in a vehicle (car/bus/etc.)
- 9
in a public building
- 10
in a park or garden
- 11
other place inside
- 12
other place outside

4.4 since_where

Question:

- *Morning Version:* “Which places have you been **since you woke up?**”
- *Day/Evening Version:* “Which places have you been **since the last questionnaire?**”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

In my home

2

in home of relative or friend

3

at work or in class

4

in a restaurant/cafe/bar

5

in a store or shop

6

in the gym or fitness center

7

in a hospital or doctor's office

8

in a vehicle (car/bus/etc.)

9

in a public building

10

in a park or garden

11

other place inside

12

other place outside

4.5 now_company

Question: “Who is with you at **this moment?**”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

no one

2

family member

3

partner/boyfriend/girlfriend

4

friend

5

colleague or classmate

6

stranger

7

a pet

8

other

4.6 since_company

Question:

- *Morning Version:* “Who have you been with **since you woke up?**”
- *Day/Evening Version:* “Who have you been with **since the last questionnaire?**”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

no one

2

family member

3

partner/boyfriend/girlfriend

4

friend

5

colleague or classmate

6

stranger

7

a pet

8

other

4.7 now_activity**Question:** “What are you doing at **this moment?**”**Visibility:** *Always***Item Type:** Single-select radio button**Header Image:** *None***Responses:**

Value

Label

Image

- 1 nothing or waiting
- 2 napping/resting
- 3 eating
- 4 household chores
- 5 working (paid or volunteer)
- 6 homework
- 7 shopping
- 8 personal hygiene care
- 9 physical leisure or sports
- 10 personal exercise
- 11 walking the dog
- 12 traveling or commuting
- 13 watching tv
- 14 reading
- 15 listening to music
- 16

using a computer/electronic device

17

talking on the phone

18

talking in person

19

texting by phone

20

other nonphysical leisure

21

other activity

4.8 since_activity

Question:

- *Morning Version:* “Which of these activities have you done **since you woke up?**”
- *Day/Evening Version:* “Which of these activities have you done **since the last questionnaire?**”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

nothing or waiting

2

napping/resting

3

- eating
4
- household chores
5
- working (paid or volunteer)
6
- homework
7
- shopping
8
- personal hygiene care
9
- physical leisure or sports
10
- personal exercise
11
- walking the dog
12
- traveling or commuting
13
- watching tv
14
- reading
15
- listening to music
16
- using a computer/electronic device
17
- talking on the phone
18
- talking in person

19

texting by phone

20

other nonphysical leisure

21

other activity

Chapter 5

Mood Circumplex and Physical States

5.1 now_sadness

Question: “How happy versus sad do you feel right now?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very sad/depressed/unhappy

2

2

3

3

4

4

5

5

6

6

7

very cheerful/happy

5.2 now_anxiousness

Question: “How relaxed versus anxious do you feel right now?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very relaxed/calm

2

2

3

3

4

4

5

5

6

6

7

very nervous/anxious

5.3 now_excited

Question: "How calm vs. excited do you feel right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

calm/quiet

2

2

3

3

4

4

5

5

6

6

7

very excited/aroused

5.4 now_energy

Question: "How tired vs. energetic do you feel right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very tired/sluggish

2

2

3

3

4

4

5

5

6

6

7

very energetic/lively

5.5 now_distracted

Question: “How well can you **concentrate or focus** right now?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very focused/attentive

2

2

3

3

4

4

5

5

6

6

7

very unfocused/distracted

5.6 now_irritable

Question: “How irritable or easily angered do you feel right now?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all irritable/angry

2

2

3

3

4

4

5

5

6

6

7

very irritable/angry

5.7 now_worried

Question: “How **worried** do you feel right now?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all worried

2

2

3

3

4

4

5

5

6

6

7

very worried

5.8 now_guilty

Question: "How guilty do you feel right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all guilty

2

2

3

3

4

4

5

5

6

6

7

very guilty

5.9 now_decisions

Question: "How well can you make **decisions** right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all/very indecisive

2

2

3

3

4

4

5

5

6

6

7

very well/very decisve

5.10 now_quick_thinking

Question: “How **quick** is your **thinking**? ”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

slow/cannot think of things

2

2

3

3

4

4

5

5

6

6

7

very quick/lots of ideas

5.11 now_enjoyment

Question: “How much are you able to **enjoy and feel pleasure** in things?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

no pleasure or enjoyment

2

2

3

3

4

4

5

5

6

6

7

really enjoying things

5.12 now_fidgety

Question: “How **fidgety or restless** do you feel right now compared to your usual self?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all restless

2

2

3

3

4

4

5

5

6

6

7

very restless/fidgety/cannot sit still

5.13 now_hungry

Question: "How hungry do you feel right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

feeling full/not at all hungry

2

2

3

3

4

4

5

5

6

6

7

extremely hungry

5.14 now_sleepy

Question: "How sleepy do you feel right now?"

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

not at all sleepy

2

2

3

3

4

4

5

5

6

6

7

very sleepy

Chapter 6

Positive and Negative Thoughts

6.1 now_thoughts_positive

Question: “To what extent are you having **positive thoughts**, thinking about nice experiences or things that make you feel good?”

Visibility: *Always*

Item Type: Slider bar

Header Image:



Responses:

Value

Label

Image

1

not at all

2

2
3
3
4
4
5
5
6
6
7
very frequently

6.2 now_thoughts_negative

Question: “To what extent are you having **negative thoughts**, thinking about unpleasant experiences or things that make you feel bad?”

Visibility: *Always*

Item Type: Slider bar

Header Image:



Responses:

Value

Label

Image

1

not at all

2

2

3

3

4

4

5

5

6

6

7

very frequently

6.3 now_thoughts_negative_about

Question: “Were these thoughts about:”

Visibility: now_thoughts_negative > 1

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

things you did that you regret

2

things that happened to you or to others

3

worries that you have

4

other negative thoughts

6.4 now_thoughts_negative_severity

Question: “How **severe or disturbing** would you say these thoughts were?”

Visibility: now_thoughts_negative > 1

Item Type: Slider bar

Header Image:



Responses:

Value

Label

Image

1

not at all severe or disturbing

2

2

3

3

4

4

5

5

6

6

7

very severe or disturbing

6.5 now_thoughts_dangerous

Question: “Were these thoughts about things that could be **dangerous** for you physically?”

Visibility: now_thoughts_negative_severity > 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

6.6 now_thoughts_suicide

Question: “Since the last signal did you have thoughts of harming yourself or of suicide?”

Visibility: now_thoughts_dangerous = 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

6.7 now_thoughts_suicide_warning

Question:

"The information you are providing now is not immediately transmitted to your doctor or to people who can help you.

If you think that you are at the slightest risk of hurting yourself, **please call the following number now** to talk about it. Someone is available at any time of the day or night:

1-800-273-8255"

Visibility: now_thoughts_suicide = 1

Item Type: User Message/instructions

Header Image:

Responses: *This item is a markdown message*

Chapter 7

Physical Activity

7.1 since_rest

Question:

- *Morning Version:* “Since you woke up, did you have a nap or rest?”
- *Day/Evening Version:* “Since the last questionnaire, did you have a nap or rest?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

7.2 since_rest_duration

Question: “About how long was your nap or rest?”

Visibility: since_rest = 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

less than 30 minutes

2

30-60 minutes

3

60-120 minutes

4

longer than 120 minutes

7.3 since_rest_fell_asleep

Question: “Did you actually fall asleep during the nap or rest?”

Visibility: since_rest = 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

7.4 since_physical_activity

Question:

- *Morning Version:* “Please select the **intensity level of activities** you did since you woke up:”
- *Day/Evening Version:* “Please select the **intensity level of activities** you did since the last questionnaire:”

Visibility: *Always***Item Type:** Multi-select checkbox**Header Image:** *None***Responses:**

Value

Label

Image

1

vigorous activities (e.g. running/fast cycling/heavy lifting or digging)

2

moderate activities (e.g. tennis/bicycling/carrying light loads)

3

light activities (e.g. walking/climbing stairs/routine household chores)

7.5 since_vigorous_activity

Question:

- *Morning Version:* “Since you woke up, how many minutes did you do **vigorous activities** including intensive sports or exercise (such as running or fast cycling) or intensive physical work (such as heavy lifting or digging)?”
- *Day/Evening Version:* “Since the last questionnaire, how many minutes did you do **vigorous activities** including intensive sports or exercise (such as running or fast cycling) or intensive physical work (such as heavy lifting or digging)?”

Visibility: since_physical_activity.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

5 minutes

2

10 minutes

3

20 minutes

4

30 minutes

5

40 minutes

6

50 minutes

7

60 minutes or more

7.6 since_vigorous_activity_planned

Question: “Was this **vigorous activity** (or activities) part of a **planned** workout or exercise routine?”

Visibility: since_physical_activity.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

7.7 since_moderate_activity

Question:

- *Morning Version:* “Since you woke up, how many minutes did you do **moderate activities** (activities that make you breathe somewhat harder than usual such as playing tennis, bicycling, carrying light loads)?”
- *Day/Evening Version:* “Since the last questionnaire, how many minutes did you do **moderate activities** (activities that make you breathe somewhat harder than usual such as playing tennis, bicycling, carrying light loads)?”

Visibility: since_physical_activity.includes(2)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

5 minutes

2

10 minutes

3

20 minutes

4

30 minutes

5

40 minutes

6

50 minutes

7

60 minutes or more

7.8 since_moderate_activity_planned

Question: “Was this **moderate activity** (or activities) part of a **planned** workout or exercise routine?”

Visibility: since_physical_activity.includes(2)

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

7.9 since_light_activity**Question:**

- *Morning Version:* “Since you woke up, how many minutes did you do **light activities** (activities that may not make you breathe somewhat harder than usual such as walking, climbing stairs, routine household chores, etc.)?”
- *Day/Evening Version:* “Since the last questionnaire, how many minutes did you do **light activities** (activities that may not make you breathe somewhat harder than usual such as walking, climbing stairs, routine household chores, etc.)?”

Visibility: since_physical_activity.includes(3)**Item Type:** Single-select radio button**Header Image:****Responses:**

Value

- Label
1
5 minutes
2
10 minutes
3
20 minutes
4
30 minutes
5
40 minutes
6
50 minutes
7
60 minutes or more

7.10 since_light_activity_planned

Question: “Was this **light activity** (or activities) part of a **planned** workout or exercise routine?”

Visibility: since_physical_activity.includes(3)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

Chapter 8

Intake: Food/drink/substances

8.1 since_had_drink

Question:

- *Morning Version:* “Since you woke up, did you drink:”
- *Day/Evening Version:* “Since the last questionnaire, did you drink:”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

water

2

milk

3

a caffeinated beverage (like coffee/tea/soda etc.)

4

an alcoholic beverage (wine/beer/liquor etc.)

5

a beverage containing sugar like juice or caffeine-free soda

6

another type of drink

1

water

2

milk

3

a caffeinated beverage (like coffee/tea/soda etc.)

4

an alcoholic beverage (wine/beer/liquor etc.)

5

a beverage containing sugar like juice or caffeine-free soda

6

another type of drink

7

none

8.2 since_had_drink_water_quantity

Question: “How many 8 oz glasses of **water** did you consume?”

Visibility: since_had_drink.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 glass

2

2 glasses

3

3 glasses

4

4 glasses

5

5 or more glasses

8.3 since_had_drink_milk_quantity

Question: "How many 8 oz glasses of **milk** did you consume?"**Visibility:** since_had_drink.includes(2)**Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

1

1 glass

2

2 glasses

3

3 glasses

4

4 glasses

5

5 or more glasses

8.4 since_had_drink_caffeinated_type

Question: “What type of **caffeinated** beverage did you consume?”

Visibility: since_had_drink.includes(3)

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

soda (coke/pepsi/other caffeinated soda)

2

energy drink

3

coffee

4

tea

5

other

8.5 since_had_drink_caffeinated_quantity

Question: "How many 8 oz glasses of **caffeinated drinks** did you consume?"

Visibility: since_had_drink.includes(3)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 glass

2

2 glasses

3

3 glasses

4

4 glasses

5

5 or more glasses

8.6 since_had_drink_alcohol_type

Question: "What type of **alcoholic beverage** did you consume?"

Visibility: since_had_drink.includes(4)

Item Type: Multi-select checkbox

Header Image:

**Responses:**

Value

Label

Image

1

red wine

2

white wine

3

champagne/sparkling wine

4

beer

5

cocktail

6

whisky or other strong alcohol

7

other type of alcoholic drink

8.7 since_had_drink_alcohol_quantity**Question:** “How many servings of **alcohol** did you consume?”**Visibility:** since_had_drink.includes(4)**Item Type:** Single-select radio button**Header Image:**

**Responses:**

Value

Label

1

1 drink

2

2 drinks

3

3 drinks

4

4 drinks

5

5 or more drinks

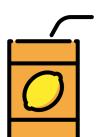
8.8 since_had_drink_sugar_quantity

Question: “How many 8 oz glasses of **high-sugar drinks** (e.g., juice, soda, some coffee beverages) did you consume?”

Visibility: since_had_drink.includes(5)

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label
1
1 glass
2
2 glasses
3
3 glasses
4
4 glasses
5
5 or more glasses

8.9 since_eaten_amount

Question:

- *Morning Version:* “Since you woke up, which of the following did you have?”
- *Day/Evening Version:* “Since the last questionnaire, which of the following did you have?”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

snacks

2

small meals

3

regular/full meals

4

large meals

8.10 since_eaten_snacks_quantity

Question: "How many snacks did you have?"

Visibility: since_eaten_amount.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 snack

2

2 snacks

3

3 snacks

4

4 snacks

5

5 snacks

6

6 snacks

7

7 snacks

8

8 snacks

9

9 snacks

10

10 snacks

11

more than 10 snacks

8.11 since_eaten_small_meal_quantity

Question: “How many **small meals** did you have?”

Visibility: since_eaten_amount.includes(2)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 small meal

2

2 small meals

3

3 small meals

4

4 small meals

5

5 small meals

6

more than 5 small meals

8.12 since_eaten_regular_meal_quantity

Question: “How many **regular/full meals** did you have?”

Visibility: since_eaten_amount.includes(3)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 full meal

2

2 full meals

3

3 full meals

4

more than 3 full meals

8.13 since_eaten_large_meal_quantity

Question: “How many **large meals** did you have?”

Visibility: since_eaten_amount.includes(4)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 large meal

2

2 large meals

3

more than 2 large meals

8.14 since_eaten_when

Question: “About **what time** did you eat your largest snack/meal?”

Visibility: since_eaten_amount.includes(1) or since_eaten_amount.includes(2) or since_eaten_amount.includes(3) or since_eaten_amount.includes(4)

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

8.15 since_eaten_duration

Question: “For **how long** did you eat in total?”

Visibility: since_eaten_amount.includes(1) or since_eaten_amount.includes(2) or since_eaten_amount.includes(3) or since_eaten_amount.includes(4)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

5 minutes or less

2

10 minutes

3

15 minutes

4

30 minutes

5

45 minutes

6

1 hour

7

1 hour 30 minutes

8

2 hours or more

8.16 since_eaten_type

Question:

- *Morning Version:* “Please think about all the foods you ate since you woke up. Please select **all types** of food you ate.”

- *Day/Evening Version:* “Please think about all the foods you ate since the last questionnaire. Please select **all types** of food you ate:”

Visibility: since_eaten_amount.includes(1) or since_eaten_amount.includes(2) or since_eaten_amount.includes(3) or since_eaten_amount.includes(4)

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

beef/pork/lamb

2

chicken or other poultry

3

eggs

4

fish

5

dairy (yogurt/milk/cheese)

6

bread/pasta/cereal/other starchy food

7

fruits

8

vegetables

9

sweet foods or candy

10

energy bars

11

potato chips or other salty snacks

12

other

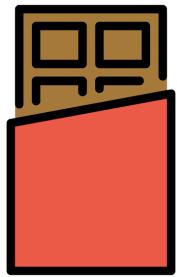
8.17 since_eaten_chocolate

Question: “Did you eat chocolate?”

Visibility: since_eaten_type.includes(9)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

8.18 since_substances

Question:

- *Morning Version:* “Since you woke up, which of the following did you use?”

- *Day/Evening Version:* “Since the last questionnaire, which of the following did you use?”

Visibility: *Always*

Item Type: Multi-select checkbox

Header Image: *None*

Responses:

Value

Label

Image

1

cigarettes

2

cannabis/pot

3

other drug

8.19 since_substances_cigarettes

Question: “How many cigarettes did you have?”

Visibility: since_substances.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 cigarette

2

2 cigarettes

3

3 cigarettes

4

4 cigarettes

5

5 cigarettes

6

6-10 cigarettes

7

10-20 cigarettes

8

over 20 cigarettes

8.20 since_substances_cannabis

Question: "How many **joints** (of cannabis/pot) did you have?"

Visibility: since_substances.includes(2)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 joint

2

2 joints

3

3 joints

4

4 joints

5

5 joints or more

8.21 since_substances_other**Question:** “What **other** drug did you use?”**Visibility:** since_substances.includes(3)**Item Type:** Single-select radio button**Header Image:** *None***Responses:**

Value

Label

Image

1

cocaine

2

tranquilizers

3

stimulants

4

heroin or other opiate

5

other drug

Chapter 9

Life Events

9.1 event_instructions

Question:

- *Morning Version:* “Since you woke up, please think of the **ONE event that affected you the most** (positively or negatively), no matter how slightly.”
- *Day/Evening Version:* “Since the last questionnaire, please think of the **ONE event that affected you the most** (positively or negatively), no matter how slightly.”

Visibility: Always

Item Type: User Message/instructions

Header Image:



Responses: This item is a markdown message

9.2 event_category

Question: “Which of the **following categories** best describes the area of your life in which the **event occurred?**”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

work

2

education

3

family or friend relationships

4

interactions with colleagues

5

interactions with strangers

6

housing or residence

7

leisure

8

exercise

9

health

10

finances
11
religion or spirituality
12
legal or judicial
13
traveling or commuting
14
other

9.3 event_impact_positive

Question: “To what degree did this event have a **positive impact** on you?”

Visibility: *Always*

Item Type: Slider bar

Header Image:



Responses:

Value
Label
Image
1
no positive impact
2
2
3
3
4

4

5

5

6

6

7

extremely positive

9.4 event_impact_negative

Question: “To what degree did this event have a **negative impact** on you?”

Visibility: *Always*

Item Type: Slider bar

Header Image:



Responses:

Value

Label

Image

1

no negative impact

2

2

3

3

4

4

5

5

6

6

7

extremely negative

9.5 event_other

Question: “Did **more than one event** occur that significantly influenced you?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

9.6 event_other_impact_positive

Question: “To what degree did this other event have a **positive impact** on you?”

Visibility: event_other = 1

Item Type: Slider bar

Header Image:

**Responses:**

Value

Label

Image

1

no positive impact

2

2

3

3

4

4

5

5

6

6

7

extremely positive

9.7 event_other_impact_negative

Question: “To what degree did this other event have a **negative impact** on you?”

Visibility: event_other = 1

Item Type: Slider bar

Header Image:

**Responses:**

Value

Label

Image

1

no negative impact

2

2

3

3

4

4

5

5

6

6

7

extremely negative

Chapter 10

Physical Pain

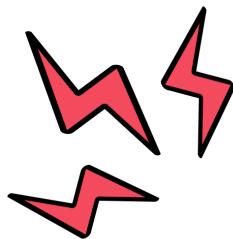
10.1 now_pain

Question: “Are you in pain right now (other than headache pain)?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

2

Yes

1

No

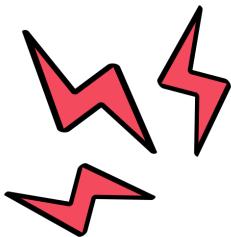
10.2 now_pain_where

Question: “Where are you having pain?”

Visibility: now_pain = 2

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

joint/muscle

2

back or neck

3

stomach/bowel

4

other

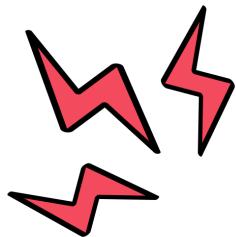
10.3 now_pain_level

Question: “How **severe** is your pain right now?”

Visibility: now_pain = 2

Item Type: Slider bar

Header Image:

**Responses:**

Value

Label

Image

1

very minor pain

2

2

3

3

4

4

5

5

6

6

7

extreme pain

10.4 since_pain

Question:

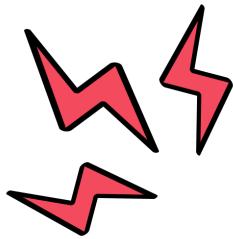
- *Morning Version:* “Have you experienced any **pain since you woke up** (other than headache pain)?”

- *Day/Evening Version:* “Have you experienced any **pain since the last questionnaire** (other than headache pain)?”

Visibility: now_pain = 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

2

Yes

1

No

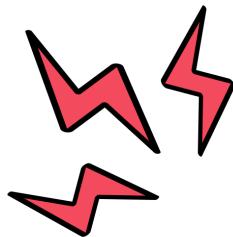
10.5 since_pain_where

Question: “Where did this pain occur?”

Visibility: since_pain = 2

Item Type: Multi-select checkbox

Header Image:

**Responses:**

Value

Label

Image

1

joint/muscle

2

back or neck

3

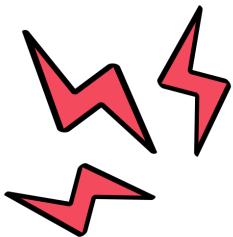
stomach/bowel

4

other

10.6 since_pain_level

Question: "How **severe** was the pain you experienced since you woke up?"**Visibility:** since_pain = 2**Item Type:** Slider bar**Header Image:**

**Responses:**

Value

Label

Image

1

very minor pain

2

2

3

3

4

4

5

5

6

6

7

extreme pain

Chapter 11

Headache

11.1 headache

Question: “Have you experienced a **headache** since the last questionnaire?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

2

Yes

1

No

11.2 headache_same

Question: “Is this the **same headache** that you reported in the last questionnaire?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

2

Yes

1

No

11.3 headache_start

Question: “What time did the headache **begin?**”

Visibility: headache_same = 1

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

11.4 headache_current

Question: “Is this headache **still present?**”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

2

Yes

1

No

11.5 headache_end

Question: “What time did the headache **end?**”

Visibility: headache_current = 1

Item Type: Time input

Header Image:



Responses: *Time in HH:MM AM/PM format via clock widget*

11.6 headache_intensity

Question: “How **intense** is (or was) the headache?”

Visibility: headache = 2

Item Type: Slider bar

Header Image:



Responses:

Value

Label

Image

1

very minor

2

2

3

3

4

4

5

5

6

6

7

extremely intense

11.7 headache_sudden

Question: “Did the headache come on **suddenly**?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

11.8 headache_trigger

Question: “Did something in particular **trigger** the headache?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

11.9 headache_trigger_category

Question: “What do you think **triggered** the headache?”

Visibility: headache_trigger = 1

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

bright light

2

odor/smell

3

noise

4

food

5

alcoholic drink

6

non-alcoholic beverage

7

hunger

8

thirst/dehydration

9

pain

10

exercise

11

stress

12

other

11.10 headache_location

Question: “Where is (or was) the headache?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

both sides of your head

2

left side only

3

right side only

4

moved from one side to another

11.11 headache_pulsating

Question: “Is (or was) the pain **throbbing, beating or pulsating?**”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

11.12 headache_effort

Question: “Does (or did) the headache pain **increase with routine physical activity** such as bending over or climbing stairs?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

11.13 headache_nausea

Question: "Do (or did) you feel nauseated, vomit or have diarrhea?"**Visibility:** headache = 2**Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

1

Yes

0

No

11.14 headache_light

Question: “How much does (or did) **light** bother you?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

11.15 headache_noise

Question: “How much does (or did) **noise** such as music, talking, TV, bother you?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

11.16 headache_smell

Question: “How much does (or did) **certain odors** such as perfume, food, smoke, bother you?”

Visibility: headache = 2**Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

11.17 headache_vision_changes

Question: “Which (if any) of the following **vision changes** did you experience?”

Visibility: headache = 2

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

blurred or distorted vision

2

flashing lights/shapes

3

blind spots or missing parts

11.18 headache_vision_change_time

Question: “When did those **vision changes** occur with respect to the **onset** of the headache pain?”

Visibility: headache_vision_changes.includes(2) or headache_vision_changes.includes(3) or headache_vision_changes.includes(4)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

before headache pain

2

after headache pain

11.19 headache_numbing

Question: “Is (or was) your headache accompanied by any **numbing or tingling** in certain body areas?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

11.20 headache_numbing_time

Question: “When did this **numbing or tingling** occur with respect to **onset** of the headache pain?”

Visibility: headache_numbing = 1**Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

Image

1

before headache pain

2

after headache pain

11.21 headache_confusing

Question: “Does (or did) the headache make it **difficult to speak, think or express yourself?**”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

11.22 headache_confusing_time

Question: “When did this **difficulty** occur with respect to the **onset** of the headache?”

Visibility: headache_confusing = 1

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

before headache pain

2

after headache pain

11.23 headache_medication**Question:** “Which (if any) did you take to **treat** your headache?”**Visibility:** headache = 2**Item Type:** Multi-select checkbox**Header Image:****Responses:**

Value

Label

Image

1

over-the-counter medications

2

prescription medications

11.24 headache_interference

Question: “How much does (or did) the headache interfere with your activities?”

Visibility: headache = 2

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

11.25 headache_prevent

Question: “Since the last questionnaire, did you do any of the following to prevent a headache?”

Visibility: Always

Item Type: Multi-select checkbox

Header Image:

**Responses:**

- Value
- Label
- Image
- 1
take prescribed medication
- 2
take over-the-counter medication
- 3
reduce or change activities
- 4
use relaxation/yoga/other techniques
- 5
rest or take a nap
- 6
other prevention strategy

Chapter 12

Daily Events and Overall Health

12.1 day_instructions

Question: “Please think about your experiences **over the entire day** (NOT just since the last questionnaire) when responding to the following questions.”

Visibility: *Always*

Item Type: User Message/instructions

Header Image:



Responses: *This item is a markdown message*

12.2 day_stress

Question: “How **stressful** was your day overall?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

no stress experienced

2

2

3

3

4

4

5

5

6

6

7

extreme stress experienced

12.3 day_stress_category

Question: “What areas were stressful for you today?”**Visibility:** day_stress > 1**Item Type:** Multi-select checkbox**Header Image:**

Responses:

Value

Label

Image

1

physical health

2

education or work

3

financial matters

4

relationship with friends

5

relationships with family

6

relationships with spouse/partner

7

interaction with strangers

8

other

12.4 day_stress_typical

Question: "Was today a relatively **typical day** for you in terms of **stress**?"**Visibility:** *Always***Item Type:** Single-select radio button**Header Image:**

Responses:

Value

Label

Image

1

Yes

0

No

12.5 day_routine_typical

Question: “Was today a relatively **typical day** for you in terms of **routines**? ”**Visibility:** *Always***Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

Image

1

Yes

0

No

12.6 day_physcal_health

Question: “How was your **physical** health today?”

Visibility: *Always*

Item Type: Slider bar

Header Image: *None*

Responses:

Value

Label

Image

1

very poor

2

2

3

3

4

4

5

5

6

6

7

very good/excellent

12.7 day_cold_cough_flu

Question: “Do you have a **cold**, **cough**, or **flu** today?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

12.8 day_problem_categories

Question: “Did you have any of the **following problems** today?”**Visibility:** *Always***Item Type:** Multi-select checkbox**Header Image:** *None***Responses:**

Value

Label

Image

1

allergies

2

asthma or respiratory difficulties

3

gastrointestinal/nausea/vomiting/bowel or stomach problems

4

muscle/joint pain

5

heart racing or pounding

6

headache

7

dizziness/feeling light-headed or faint

8

hit or hurt your head

12.9 day_problems_allergies

Question: "How much did your **allergies** bother you today?"

Visibility: day_problem_categories.includes(1)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

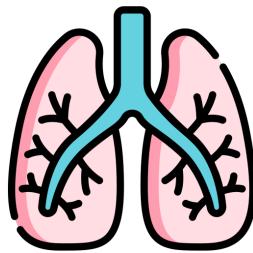
12.10 day_problems_breath

Question: “How much did your asthma or respiratory difficulties bother you today?”

Visibility: day_problem_categories.includes(2)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

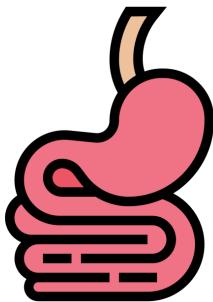
12.11 day_problems_belly_symptoms

Question: “Which (if any) of the following **gastro-intestinal/stomach** symptoms did you have today?”

Visibility: day_problem_categories.includes(3)

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

pain in your abdomen

2

diarrhea

3

nausea

4

vomiting

5

other

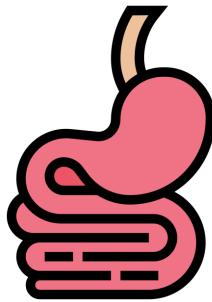
12.12 day_problems_belly

Question: “How much did this (or these) **gastro-intestinal/stomach** symptom(s) bother you today?”

Visibility: day_problem_categories.includes(3)

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

12.13 day_problems_muscle**Question:** “How much did your **muscle/joint pain** bother you today?”**Visibility:** day_problem_categories.includes(4)**Item Type:** Single-select radio button**Header Image:**

Responses:

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

12.14 day_problems_heart

Question: “How much did your **heart racing or pounding** bother you today?”

Visibility: day_problem_categories.includes(5)

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

Image

1

not at all

2

mildly

3

moderately

4

severely

12.15 dizziness_situation

Question: “Did these feelings of **dizziness** occur in a particular situation (in a bus, in hot weather, or other condition)?”

Visibility: day_problem_categories.includes(7)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

12.16 dizziness_faint

Question: “Did you actually **faint** today?”

Visibility: day_problem_categories.includes(7)

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

12.17 day_over_medication**Question:** "Did you take any **over-the-counter medications** today?"**Visibility:** *Always***Item Type:** Single-select radio button**Header Image:****Responses:**

Value

Label

1

Yes

0

No

12.18 day_over_medication_why

Question: “Did you take them for:”

Visibility: day_over_medication = 1

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

pain (headache/muscle/joint pain etc.)

2

allergies/cold

3

fever/acute illness

4

headache

5

sleep problems

6

other

12.19 day_prescribed_medication

Question: “Did you take any **prescription medications** today?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

Yes

0

No

12.20 day_prescribed_medication_conditions

Question: “For which of the following conditions?”

Visibility: day_prescribed_medication = 1

Item Type: Multi-select checkbox

Header Image:



Responses:

- Value
- Label
- Image
- 1
- birth control
- 2
- heart/blood pressure/cholesterol
- 3
- thyroid/metabolic
- 4
- sleep
- 5
- anxiety/depression
- 6
- attention/hyperactivity
- 7
- asthma/allergies/breathing problems
- 8
- arthritis/joint/back pain
- 9
- headache
- 10
- other

12.21 day_period

Question: “**FEMALES (ages 12-50)** Are you currently having your menstrual period?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

12.22 day_lethargic

Question: "Did you feel like you had **no physical energy**, as if you were **weighted down** or had a **heavy feeling in your arms or legs** for most of the day?"

Visibility: *Always*

Item Type: Single-select radio button

Header Image:

**Responses:**

Value

Label

1

Yes

0

No

12.23 day_headache_duration

Question: "If you reported a headache present at any questionnaire today, how many hours did the headache(s) last in total?"

Visibility: day_problem_categories.includes(6)

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

1 hour

2

2 hours

3

3 hours

4

4 hours

5

5 hours

6

6 hours

7

7 hours

8

8 hours

9

9 hours

10

10 hours

11

11 hours

12

12 hours

13

13 hours

14

14 hours

15

15 hours

16

16 hours

17

17 hours

18

18 hours

19

19 hours

20

20 hours

21

21 hours

22

22 hours

23

23 hours

24

24 or more hours

Chapter 13

Internet and Social Media (Evening)

13.1 internet_use_duration

Question: “How many hours did you spend on the **internet** today?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

I was not on the internet today

2

less than 1 hour

3

- 1-2 hours
- 4
- 2-3 hours
- 5
- 3-4 hours
- 6
- more than 4 hours

13.2 internet_use_category

Question: “What did you use the **internet** for today?”

Visibility: internet_use_duration != 1

Item Type: Multi-select checkbox

Header Image:



Responses:

- Value
- Label
- Image
- 1
- chat rooms
- 2
- blogs
- 3
- music (Spotify/iTunes/etc.)
- 4
- news
- 5

direct messenger
6
gaming
7
shopping
8
social networking
9
web browsing
10
internet TV (Hulu/Netflix/etc.)
11
work/school

13.3 internet_use_location

Question: “Where did you use the internet?”

Visibility: internet_use_duration != 1

Item Type: Multi-select checkbox

Header Image:



Responses:

Value

Label

Image

1

home

2

school
3
coffee shop or cafe
4
library
5
friend or family's house

13.4 friends_communication_method

Question: “What is the **main way** you communicated with your friends today?”

Visibility: *Always*

Item Type: Single-select radio button

Header Image: *None*

Responses:

Value
Label
Image
1
voice call
2
video call
3
text message
4
email
5
instant messenger
6
social media
7

gaming site

8

chat room

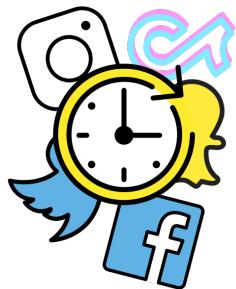
13.5 socialmedia_duration

Question: "How many hours did you spend on **social media** today?"

Visibility: Always

Item Type: Single-select radio button

Header Image:



Responses:

Value

Label

1

I was not on social media today

2

less than 1 hour

3

1-2 hours

4

2-3 hours

5

3-4 hours

6

more than 4 hours

Chapter 14

End of Assessment

14.1 FinalScreen

Question: “Great job, thank you completing the questionnaire! Tapping the **Done** button will exit the questionnaire.”

Visibility: *Always*

Item Type: User Message/instructions

Header Image:



Responses: *This item is a markdown message*