

Date	Participant ID																																
	00:00	00:15	00:30	00:45	01:00	01:15	01:30	01:45	02:00	02:15	02:30	02:45	03:00	03:15	03:30	03:45	04:00	04:15	04:30	04:45	05:00	05:15	05:30	05:45	06:00	06:15	06:30	06:45		07:00	07:15	07:30	07:45
	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←		←	←	←	
Alcohol																																Alcohol	
Caffein																																Caffein	
Nicotine																																Nicotine	
Food intake																																Food intake	
Sleep																																Sleep	
Sports																																Sports	
Medication																																Medication	

	08:00	08:15	08:30	08:45	09:00	09:15	09:30	09:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	13:00	13:15	13:30	13:45	14:00	14:15	14:30	14:45	15:00	15:15	15:30	15:45	
	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	
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Nicotine																																	Nicotine
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Sleep																																	Sleep
Sports																																	Sports
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	16:00	16:15	16:30	16:45	17:00	17:15	17:30	17:45	18:00	18:15	18:30	18:45	19:00	19:15	19:30	19:45	20:00	20:15	20:30	20:45	21:00	21:15	21:30	21:45	22:00	22:15	22:30	22:45	23:00	23:15	23:30	23:45	
	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	
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Please tick the boxes where the conditions apply.

Did you use an alarm clock?

☐ Yes
 ☐ No

Is today a work day or free day?

☐ work day
 ☐ free day

If you used medication and want to share which one you used, please state here: