**Participant ID\_\_\_\_\_\_**

**Date and Time\_\_\_\_\_\_**

**Men’s Session One Survey (M1)**

For activities that you performed in the last 24 hours, please provide the time that you most recently engaged in each activity (please include AM/PM). Please leave the item blank if you did not perform that activity in the last 24 hours:

a. Woke up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Smoked a cigarette: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Smoked marijuana:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Used other recreational drugs:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Consumed alcohol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Consumed caffeine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Exercised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Experienced a stressful event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. Got in an argument?­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

j. Ate a meal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

k. Drank something: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

l. Brushed your teeth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Did you specify AM/PM above? If not, please do specify.\*\*\*

*Thank you!*