**Post-Study Survey (W2)**

We would like to thank you for your time and valuable contribution to our study. We are aware that you had received several precautions to take considering our study. However, we'd like assure you that it is alright to have stepped outside of the guidelines. It is just important that you let us know by filling out this survey for the accuracy of our data collection. Thank you!

**For 10 days before the study:**

1. Did you smoke cigarettes?

Yes No

If you answered yes, please note when and how much

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**For 10 days before the study:**

2. Did you smoke marijuana?

Yes No

If you answered yes, please note down when and how much

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**On the day of your lab visit:**

3. Did you eat normally (ex. Nothing abnormal, no unusual amounts)?

Yes No

If you answered no, please explain further

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**On the day of your lab visit:**

4. Did you avoid eating greasy food?

Yes No

If you answered no, please note down what was eaten and when it happened

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**2 hours before the study:**

5. Did you eat?

Yes No

If you answered yes, please note down how much and when

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**2 hours before the study:**

6. Did you drink alcohol?

Yes No

If you answered yes, please note down how much and when

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**2 hours before the study:**

7. Did you drink caffeinated beverages (ex. Coffee, coke).

Yes No

If you answered yes, please note down how much and when

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8. When was the last time you saw your partner?

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9. Lastly, are there any activities that you engaged in recently, or any particularly stressful events that occurred today that you feel may influence your lab visit?

Yes No

If you answered yes, please give us more information below

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10. If you have any other further comments for us, please write them below!

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Thank you!