

Default Question Block**Welcome Back!**

This is the daily questionnaire for 4/27/2020 !

You will first be asked to enter the ID you were provided by email, then you will be asked to complete a short survey about your mood, pain intensity, and other factors.

Voluntary Participation.

Your participation is completely voluntary and you are free to withdraw at any time. If you choose to participate, you may skip any other questions without penalty. In addition, on the last day of the survey, we will ask you to confirm that we may use your data.

Questions?

If you have questions about the study, please contact Nancy Darling (ndarling@oberlin.edu or 440-775-8363) Max Kramer (mkramer@oberlin.edu or 773-318-5225).

If you have questions about your rights as a research participant, please contact Associate Dean Daphne John, Office of the Dean of Arts and Sciences, Cox 101 (ocirb@oberlin.edu. or 440-775-8410).

Block 9

Please Enter your ID code from the Intake Survey

Mood Scale

Indicate if you felt each of the following since your last survey

	No	Yes
Interested	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>
Hostile	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>

	No	Yes
Irritable	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>

Morning routine

Indicate if you did any of the following since your last survey

	No	Yes
Got out of bed	<input type="radio"/>	<input type="radio"/>
Got dressed	<input type="radio"/>	<input type="radio"/>
Left for school/class	<input type="radio"/>	<input type="radio"/>
Ran errands	<input type="radio"/>	<input type="radio"/>
Prepared food	<input type="radio"/>	<input type="radio"/>
Brushed teeth	<input type="radio"/>	<input type="radio"/>
Showered	<input type="radio"/>	<input type="radio"/>
Brushed hair	<input type="radio"/>	<input type="radio"/>
Took medications	<input type="radio"/>	<input type="radio"/>
Washed up	<input type="radio"/>	<input type="radio"/>

Activity checklist

Indicate if you did any of the following since your last survey

	No	Yes
Read a book	<input type="radio"/>	<input type="radio"/>
Created art	<input type="radio"/>	<input type="radio"/>
Played a game	<input type="radio"/>	<input type="radio"/>
Watched TV	<input type="radio"/>	<input type="radio"/>
Wrote in a journal	<input type="radio"/>	<input type="radio"/>
Played music	<input type="radio"/>	<input type="radio"/>
Played with pets	<input type="radio"/>	<input type="radio"/>

	No	Yes
Enjoyed my hobbies	<input type="radio"/>	<input type="radio"/>
Played Sports	<input type="radio"/>	<input type="radio"/>

Helping others

Indicate if you did any of the following since your last survey

	No	Yes
Was supportive to a friend	<input type="radio"/>	<input type="radio"/>
Did homework	<input type="radio"/>	<input type="radio"/>
Helped out family/friends	<input type="radio"/>	<input type="radio"/>
Volunteered	<input type="radio"/>	<input type="radio"/>
Fed pets	<input type="radio"/>	<input type="radio"/>

Diet/Hydration

Indicate if you did any of the following since your last survey

	No	Yes
Ate healthy	<input type="radio"/>	<input type="radio"/>
Followed diet	<input type="radio"/>	<input type="radio"/>
Stayed hydrated	<input type="radio"/>	<input type="radio"/>

Exercise

Indicate if you did any of the following since your last survey

	No	Yes
Exercised	<input type="radio"/>	<input type="radio"/>
Took a stroll	<input type="radio"/>	<input type="radio"/>
Got my heart rate up	<input type="radio"/>	<input type="radio"/>

Mindfulness/Stress Reductions

Indicate if you did any of the following since your last survey

	No	Yes
Was thankful	<input type="radio"/>	<input type="radio"/>

	No	Yes
Mindfulness	<input type="radio"/>	<input type="radio"/>
Meditated	<input type="radio"/>	<input type="radio"/>
Yoga/Tai Chi	<input type="radio"/>	<input type="radio"/>
Prayed	<input type="radio"/>	<input type="radio"/>
Biofeedback	<input type="radio"/>	<input type="radio"/>

Sleep

Indicate if you did any of the following since your last survey

	No	Yes
Went to bed on time	<input type="radio"/>	<input type="radio"/>
Rested during the day	<input type="radio"/>	<input type="radio"/>
Got up on time	<input type="radio"/>	<input type="radio"/>
Got to sleep	<input type="radio"/>	<input type="radio"/>

Pain

How is your pain today?

Contact

More Questions?

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If you have questions about your rights as a research participant, please contact Associate Dean Daphne John, Office of the Dean of Arts and Sciences, Cox 101 (djohn@oberlin.edu or 440-775-8410).

Closing