

Initial state questionnaire

Read the following questions carefully, and respond with the choice(s) that most accurately represents you. Please answer all the questions.

- 1) How many hours of sleep did you get last night? (type in numerical answer)

- | | No
caffein
e | | | | | A
typical
amoun
t | | | | | An
excess
ive
amoun
t |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|
| 2) Compared to how much caffeine you typically consume up until this point in the day, how much caffeine have you had today? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Not
sick/u
nwell
at all | | | | | Some
what
sick/u
nwell | | | | | Very
sick/u
nwell |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| 3) How sick or unwell do you feel right now? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Not
hungr
y at all | | | | | Some
what
hungr
y | | | | | Extre
mely
hungr
y |
|----------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| 4) How hungry are you right now? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Not
tired
at all | | | | | Some
what
tired | | | | | Extre
mely
tired |
|-------------------------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| 5) How tired do you feel right now? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |