

Pre-Task Questionnaire (version A)

1. How many hours of sleep did you get last night?

___ (type in numerical answer)

2. Compared to how much caffeine you typically consume up until this point in the day, how much caffeine have you had today?

No caffeine-----A typical amount-----An excessive amount

(1)

(5)

(10)

3. How sick or unwell do you feel right now?

Not sick/unwell at all-----somewhat sick/unwell-----Very sick/unwell

(1)

(5)

(10)

4. How hungry are you right now?

Not hungry at all-----somewhat Hungry-----Extremely hungry

(1)

(5)

(10)

5. How tired do you feel right now?

Not tired at all-----somewhat Tired-----Extremely tired

(1)

(5)

(10)