

Initial state questionnaire

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

If you are accessing this questionnaire right now, please do it in the same sitting as the behavioral tasks, which will appear after completing both of the pretask questionnaires.

- 1) How many hours of sleep did you get last night? Please type a full interger.

- | | 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"/> |