**Pre-Task Questionnaire**

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

\_\_\_ (type in numerical answer)

1. 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)

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

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

(1) (5) (10)

1. How hungry are you right now?

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

(1) (5) (10)

1. How tired do you feel right now?

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

(1) (5) (10)