**A. Caffeine Consumption**

**PICK ANY ONE QUESTION from 2 or 3 (IF MULTIPLE SELECT IS NOT ALLOWED)**

2. What is your primary reason for consuming caffeinated beverages?  
( ) Taste/enjoyment  
( ) To wake up/increase alertness  
( ) To improve focus and concentration  
( ) Social reasons (e.g. coffee with friends)  
  
3. At what time(s) of day do you usually consume caffeinated beverages? (Select all that apply)  
  
[ ] Morning  
[ ] Afternoon  
[ ] Evening  
[ ] Late night  
[ ] Never

**B. Sleep Quality  
  
2.** Do you have a consistent sleep schedule (i.e., going to bed and waking up at the same times each day)?  
( ) Yes  
( ) No  
( ) Somewhat consistent

**D. Energy Levels**

1. Do you notice specific times of the day when your energy levels are consistently higher or lower?  
   ( ) Yes, I have clear peak and low energy periods  
   ( ) Sometimes, but not consistently  
   ( ) No, my energy levels are stable throughout the day  
   ( ) Unsure
2. How do you usually handle tasks when your energy levels are low?  
   ( ) I push through and work on the same tasks  
   ( ) I switch to less demanding tasks  
   ( ) I take a break/nap to recharge  
   ( ) I stop working altogether