

Pre experiment Form

* Indicates required question

1. Participant ID *

The researcher will tell your ID.

2. Date of the Experiment *

Example: January 7, 2019

3. Do you wear glasses? *

Mark only one oval.

☐ Yes

☐ No

4. Are you left-handed? *

Mark only one oval.

☐ Yes

☐ No

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

Mark only one oval.

☐ < 5 hours

☐ Between 5 and 7 hours

☐ > 8 hours

6. Have you eaten today? *

Mark only one oval.

☐ Yes

☐ No

7. Do you take any medication regularly? *

Mark only one oval.

☐ Yes

☐ No

8. If yes, which medication?

9. Gender with which you most identify *

Mark only one oval.

☐ Female

☐ Male

☐ Prefer to do say

10. How are you feeling today? *

Are you feeling sleepy? Is there anything hurting in your body? Are you experiencing stress, a headache, or muscle pain?

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