



UConn  
Research IT - PRODUCTION

## Sharp mindfulness tools study

Codebook ▾

### Data Dictionary Codebook

07/13/2020 3:25pm

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: <b>Interest in UConn Mindfulness Study</b> (interest_in_uconn_mindfulness_study)			
1	record_id	Record ID	text
2	email	Email	text (email), Required
3	eligibility_0	Are you English literate?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
4	eligibility_1	Are you interested in possibly participating in a study about stress management and meditation?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
5	eligibility_2	Are you currently enrolled as an undergraduate or graduate student at the University of Connecticut?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
6	eligibility_3	Are you at least 18 years old?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
7	eligibility_4	Do you currently have a regular, quiet, seated meditation practice?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
8	eligibility_5	Are you willing to learn basic skills of mindfulness meditation by attending a 45- to 60-minute orientation workshop that will be scheduled between 9 am and 6 pm on a weekday?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
9	eligibility_6	Upon receiving instructions, are you willing to visit the meditation room located in Arjona twice a week for 4 weeks to practice meditating on your own for at least 10 minutes each time?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
10	eligibility_7	During the 4 week study period, in addition to coming into the meditation room 2x/wk to practice meditating, would you also be willing to practice small mindfulness techniques in daily life each day?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
11	eligibility_8	Are you willing and able to download a free meditation app onto your phone or personal device?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
12	eligibility_9	Would you be willing to provide a pre- and post-study saliva sample?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>
13	eligibility_10	Would you be willing to try meditating while wearing a headband that makes EEG recordings of your brain?	yesno, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>

14	eligibility_11	Are you registered for Introductory Psychology this semester?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
15	eligibility_12 Show the field ONLY if: [eligibility_11] = '1' or [eligibility_11] = '0'	Someone from the UConn Mindfulness Study will contact you, if you are eligible, to go over times and dates that would be required for the continuation of the study.	descriptive								
16	ts_interest	Timestamp Initial Survey	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
17	interest_in_uconn_mindfulness_study_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
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2	Complete										
Instrument: <b>Participation Result</b> (participation_result)											
18	ts_participation_results	Timestamp Participation Results	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
19	ineligibility_1	If you are still interested in learning more about opportunities to practice meditation, you can visit the UConn SHARP website at <a href="https://sharp.uconn.edu/meditation-resources/">https://sharp.uconn.edu/meditation-resources/</a>	descriptive								
20	participation_result_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
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Instrument: <b>General Contact Info</b> (general_contact_info)											
21	ts_contact_info	Timestamp General Contact	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
22	general_contact_1	Name	text								
23	general_contact_2	Cell phone number	text								
24	general_contact_3	Email	text								
25	general_contact_4	Name of emergency contact (e.g., family member, roommate, or friend)	text, Required								
26	general_contact_5	Emergency Contact number	text, Required								
27	general_contact_6	Emergency Contact email	text, Required								
28	general_contact_7	Relationship to emergency contact	text, Required								
29	general_contact_info_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
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Instrument: <b>Demographics</b> (demographics)											
30	ts_demographics	Timestamp Demographics	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
31	demo_1	Current age	text, Required								
32	demo_2	Current gender	radio, Required, Identifier <table border="1"> <tr> <td>0</td> <td>Male</td> </tr> <tr> <td>1</td> <td>Female</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> <tr> <td>3</td> <td>Prefer not to specify</td> </tr> </table>	0	Male	1	Female	2	Other	3	Prefer not to specify
0	Male										
1	Female										
2	Other										
3	Prefer not to specify										

33	demo_3	Ethnicity/ Racial identity	radio, Required <table border="1"> <tr><td>0</td><td>White or Caucasian</td></tr> <tr><td>1</td><td>Hispanic or Latino/a</td></tr> <tr><td>2</td><td>Black or African-American</td></tr> <tr><td>3</td><td>Asian or Asian-American</td></tr> <tr><td>4</td><td>Multiracial</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>6</td><td>Prefer Not to Answer</td></tr> </table>	0	White or Caucasian	1	Hispanic or Latino/a	2	Black or African-American	3	Asian or Asian-American	4	Multiracial	5	Other	6	Prefer Not to Answer								
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6	Prefer Not to Answer																								
34	demo_4	Were you born in the United States?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																		
1	Yes																								
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35	demo_5	Please choose one of the following that best describes your immediate family's social class.	radio, Required <table border="1"> <tr><td>0</td><td>Lower</td></tr> <tr><td>1</td><td>Working</td></tr> <tr><td>2</td><td>Middle</td></tr> <tr><td>3</td><td>Upper middle</td></tr> <tr><td>4</td><td>Upper</td></tr> </table>	0	Lower	1	Working	2	Middle	3	Upper middle	4	Upper												
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36	demo_6	What is your current major or field of study?	text, Required																						
37	demo_7	Where did you graduate high school?	radio, Required <table border="1"> <tr><td>0</td><td>Connecticut</td></tr> <tr><td>1</td><td>Northeast United States outside of Connecticut</td></tr> <tr><td>2</td><td>In the United States outside of the Northeast</td></tr> <tr><td>3</td><td>Outside of the United States</td></tr> </table>	0	Connecticut	1	Northeast United States outside of Connecticut	2	In the United States outside of the Northeast	3	Outside of the United States														
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38	demo_8	Are you a first generation college student?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																		
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39	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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Instrument: <b>Prescreening Questionnaire</b> (prescreening_questionnaire)																									
40	ts_prescreen	Timestamp prescreening	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																						
41	prescreen_1	Are you currently taking any prescribed psychiatric medications (e.g., antidepressants, anti-anxiety, etc.)?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																		
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42	prescreen_2a	Section Header: <i>Compared to other college students or compared to your peers, please rank the remaining questions on a scale of 0-10, with 0=not at all/ much less than peers, 5=average/same as peers, 10=highest, much more than peers.</i>  How much would you say you struggle with addiction on a daily basis (e.g., substance abuse, addictive thoughts or behaviors such as eating, shopping, sex, or gambling)?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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43	prescreen_2b	How often have you used mental health services in the past 2 years?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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44	prescreen_2c	How often do you exercise?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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45	prescreen_2d	How healthy do you consider your general eating habits?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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46	prescreen_2e	How stressed do you generally feel?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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47	prescreening_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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Instrument: **DASS-21** (dass21)

48	ts_dass21	Timestamp DASS-21	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
49	dass_1	<p>Section Header: <i>Please read each statement and choose the option which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.</i></p> <p>I found it hard to wind down.</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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50	dass_2	I was aware of dryness of my mouth.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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51	dass_3	I couldn't seem to experience any positive feelings at all.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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52	dass_4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion).	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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53	dass_5	I found it difficult to work up the initiative to do things.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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54	dass_6	I tended to over-react to situations.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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55	dass_7	I experienced trembling (eg, in the hands).	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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56	dass_8	I felt that I was using a lot of nervous energy.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
57	dass_9	I was worried about situations in which I might panic and make a fool of myself.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
58	dass_10	I felt that I had nothing to look forward to.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
59	dass_11	I found myself getting agitated.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
60	dass_12	I found it difficult to relax.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
61	dass_13	I felt down-hearted and blue.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
62	dass_14	I was intolerant to anything that kept me from getting on with what I was doing.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS

63	dass_15	I felt I was close to panic.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
64	dass_16	I was unable to become enthusiastic about anything.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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65	dass_17	I felt I wasn't worth much as a person.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
66	dass_18	I felt that I was rather touchy.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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67	dass_19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat).	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
68	dass_20	I felt scared without any good reason.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
69	dass_21	I felt that life was meaningless.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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70	dass21_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: <b>RSES</b> (rses)											
71	ts_rses	Timestamp RSES	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
72	rses_1	<p>Section Header: <i>Below is a list of statements dealing with your general feelings about yourself. Select one of the options "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" for each statement.</i></p> <p>I feel that I'm a person of worth, at least on an equal plane with others.</p>	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Disagree</td></tr> <tr><td>4</td><td>Strongly Disagree</td></tr> </table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
73	rses_2	I feel that I have a number of good qualities.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Disagree</td></tr> <tr><td>4</td><td>Strongly Disagree</td></tr> </table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
74	rses_3	All in all, I am inclined to feel that I am a failure.	radio, Required <table border="1"> <tr><td>4</td><td>Strongly Agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>1</td><td>Strongly Disagree</td></tr> </table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
75	rses_4	I am able to do things as well as most other people.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Disagree</td></tr> <tr><td>4</td><td>Strongly Disagree</td></tr> </table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
76	rses_5	I feel I do not have much to be proud of.	radio, Required <table border="1"> <tr><td>4</td><td>Strongly Agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>1</td><td>Strongly Disagree</td></tr> </table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
77	rses_6	I take a positive attitude toward myself.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Disagree</td></tr> <tr><td>4</td><td>Strongly Disagree</td></tr> </table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
78	rses_7	On the whole I am satisfied with myself.	radio, Required <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Disagree</td></tr> <tr><td>4</td><td>Strongly Disagree</td></tr> </table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
79	rses_8	I wish I could have more respect for myself.	radio, Required <table border="1"> <tr><td>4</td><td>Strongly Agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>1</td><td>Strongly Disagree</td></tr> </table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
80	rses_9	I certainly feel useless at times.	radio, Required <table border="1"> <tr><td>4</td><td>Strongly Agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>1</td><td>Strongly Disagree</td></tr> </table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										



81	rses_10	At times I think I am no good at all.	radio, Required 4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree
82	rses_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Experiences Questionnaire</b> (experiences_questionnaire)			
83	ts_experiences	Timestamp experiences	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
84	eq_1	Section Header: <i>Below is a list of things that people sometimes experience. Next to each item are five choices: "never", "rarely", "sometimes", "often", and "all the time". Please select one of these to indicate how much you currently have experiences similar to those described. Please do not spend too long on each item-it is your first response that we are interested in. Please be sure to answer every item.</i>  I think about what will happen in the future.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
85	eq_2	I remind myself that thoughts aren't facts.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
86	eq_3	I am better able to accept myself as I am.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
87	eq_4	I notice all sorts of little things and details in the world around me.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
88	eq_5	I am kinder to myself when things go wrong.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
89	eq_6	I can slow my thinking at times of stress.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time

90	eq_7	I wonder what kind of person I really am.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
91	eq_8	I am not so easily carried away by my thoughts and feelings.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
92	eq_9	I notice that I don't take difficulties so personally.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
93	eq_10	I can separate myself from my thoughts and feelings.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
94	eq_11	I analyze why things turn out the way they do.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
95	eq_12	I can take time to respond to difficulties.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
96	eq_13	I think over and over again about what others have said to me.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
97	eq_14	I can treat myself kindly.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time

98	eq_15	I can observe unpleasant feelings without being drawn into them.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
99	eq_16	I have the sense that I am fully aware of what is going on around me and inside me.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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5	All the time												
100	eq_17	I can actually see that I am not my thoughts.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
101	eq_18	I am consciously aware of a sense of my body as a whole.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
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3	Sometimes												
4	Often												
5	All the time												
102	eq_19	I think about the ways in which I am different from other people.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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103	eq_20	I view things from a wider perspective.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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104	experiences_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Sleep Quality Assessment (PSQI)</b> (sleep_quality_assessment_psqi)													
105	ts_sleep	Timestamp Sleep Quality	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
106	psqi_1	Section Header: <i>The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.</i> During the past month, what time have you usually gone to bed?	text, Required										
107	psqi_2	During the past month, how long (in minutes) has it taken you to fall asleep each night?	text (number, Min: 0, Max: 1440), Required										
108	psqi_3	During the past month, what time have you usually gotten up in the morning?	text, Required										
109	psqi_4a	During the past month, how many hours of actual sleep did you get at night (per night, on average)?	text, Required										
110	psqi_4b	During the past month, how many hours were you in bed (per night, on average)?	text, Required										

111	psqi_5a	<p>Section Header: <i>During the past month, how often have you had trouble sleeping because you...</i></p> <p>Cannot get to sleep in 30 minutes</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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2	Once or twice a week										
3	Three or more times a week										
112	psqi_5b	Wake up in the middle of the night or early morning	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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113	psqi_5c	Have to get up to use the bathroom	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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114	psqi_5d	Cannot breathe comfortably	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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115	psqi_5e	Cough or snore loudly	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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116	psqi_5f	Feel too cold	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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3	Three or more times a week										
117	psqi_5g	Feel too hot	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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2	Once or twice a week										
3	Three or more times a week										
118	psqi_5h	Have bad dreams	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
119	psqi_5i	Have pain	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
120	psqi_5j	Other reason (s)	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
121	psqi_5j_explain	<p>please describe, including how often you had trouble sleeping because of this reason (s):</p> <p>Show the field ONLY if: [psqi_5j] = '1' or [psqi_5j] = '2' or [psqi_5j] = '3'</p>	<p>text, Required</p>								

122	psqi_6	Section Header: <i>During the last month,</i> How often have you taken a medicine (prescribed or "over the counter") to help you sleep?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
123	psqi_7	How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
124	psqi_8	How much of a problem has it been for you to keep up enthusiasm to get things done?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
125	psqi_9	How would you rate your sleep quality overall?	radio, Required <table border="1"> <tr><td>0</td><td>Very good</td></tr> <tr><td>1</td><td>Fairly good</td></tr> <tr><td>2</td><td>Fairly bad</td></tr> <tr><td>3</td><td>Very bad</td></tr> </table>	0	Very good	1	Fairly good	2	Fairly bad	3	Very bad		
0	Very good												
1	Fairly good												
2	Fairly bad												
3	Very bad												
126	sleep_quality_assessment_psqi_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Perceived Stress Scale</b> (perceived_stress_scale)													
127	ts_stress	Timestamp Perceived stress	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
128	pss_1	Section Header: <i>The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate selecting how often you felt or thought a certain way.</i> In the last month, how often have you been upset because of something that happened unexpectedly?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
129	pss_2	In the last month, how often have you felt that you were unable to control the important things in your life?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
130	pss_3	In the last month, how often have you felt nervous and "stressed"?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
131	pss_4	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio, Required <table border="1"> <tr><td>4</td><td>Never</td></tr> <tr><td>3</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Fairly Often</td></tr> <tr><td>0</td><td>Very Often</td></tr> </table>	4	Never	3	Almost Never	2	Sometimes	1	Fairly Often	0	Very Often
4	Never												
3	Almost Never												
2	Sometimes												
1	Fairly Often												
0	Very Often												

132	pss_5	In the last month, how often have you felt that things were going your way?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
133	pss_6	In the last month, how often have you found that you could not cope with all the things that you had to do?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
134	pss_7	In the last month, how often have you been able to control irritations in your life?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
135	pss_8	In the last month, how often have you felt that you were on top of things?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
136	pss_9	In the last month, how often have you been angered because of things that were outside of your control?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
137	pss_10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
138	perceived_stress_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Maia</b> (maia)			
139	ts_maia	Timestamp MAIA	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
140	maia_1	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i>  When I am tense I notice where the tension is located in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5  Custom alignment: RH

141	maia_2	I notice when I am uncomfortable in my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
142	maia_3	I notice where in my body I am comfortable.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
143	maia_4	I notice changes in my breathing, such as whether it slows down or speeds up.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
144	maia_5	I do not notice (I ignore) physical tension or discomfort until they become more severe.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
145	maia_6	I distract myself from sensations of discomfort.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
146	maia_7	When I feel pain or discomfort, I try to power through it.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH

147	maia_8	When I feel physical pain, I become upset.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
148	maia_9	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i> I start to worry that something is wrong if I feel any discomfort.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
149	maia_10	I can notice an unpleasant body sensation without worrying about it.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
150	maia_11	I can pay attention to my breath without being distracted by things happening around me.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
151	maia_12	I can maintain awareness of my inner bodily sensations even when there is a lot going on around me.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
152	maia_13	When I am in conversation with someone, I can pay attention to my posture.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH



153	maia_14	I can return awareness to my body if I am distracted.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
154	maia_15	I can refocus my attention from thinking to sensing my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
155	maia_16	I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
156	maia_17	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i> I am able to consciously focus on my body as a whole.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
157	maia_18	I notice how my body changes when I am angry.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
158	maia_19	When something is wrong in my life I can feel it in my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH

159	maia_20	I notice that my body feels different after a peaceful experience.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
160	maia_21	I notice that my breathing becomes free and easy when I feel comfortable.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
161	maia_22	I notice how my body changes when I feel happy / joyful.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
162	maia_23	When I feel overwhelmed I can find a calm place inside.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
163	maia_24	When I bring awareness to my body I feel a sense of calm.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
164	maia_25	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I can use my breath to reduce tension.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH

165	maia_26	When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
166	maia_27	I listen for information from my body about my emotional state.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
167	maia_28	When I am upset, I take time to explore how my body feels.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
168	maia_29	I listen to my body to inform me about what to do.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
169	maia_30	I am at home in my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
170	maia_31	I feel my body is a safe place.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH

171	maia_32	I trust my body sensations.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5		
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
172	maia_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Big Five Inventory (Shortened)</b> (big_five_inventory_shortened_1eae)																	
173	ts_big5_v2	Timestamp Big Five Inventory	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
174	extra	Section Header: <i>Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please select an option for each statement to indicate the extent to which you agree or disagree with that statement. I see Myself as Someone Who Is...</i> Extraverted, enthusiastic	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_1	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
175	critical	Critical, quarrelsome	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_2	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
176	depend	Dependable, self-disciplined	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_3	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
177	anxious	Anxious, easily upset	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_4	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																

178	open	Open to new experiences, complex	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_5	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
179	intrav	Reserved, quiet	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_6	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
180	sympath	Sympathetic, warm	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_7	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
181	disorg	Disorganized, careless	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_8	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
182	calm	Calm, emotionally stable	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_9	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
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2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																

183	conventional	Conventional, uncreative	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_10	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
184	big_five_inventory_shortened_1eae_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Five Facet Mindfulness Questionnaire</b> (five_facet_mindfulness_questionnaire)																	
185	ts_five_facet	Timestamp Five Facet	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
186	ffmq_1	Section Header: <i>Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.</i>  When I'm walking, I deliberately notice the sensations of my body moving.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
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3	Sometimes true																
4	Often true																
5	Very often or always true																
187	ffmq_19	When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
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2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
188	ffmq_20	I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
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2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
189	ffmq_21	In difficult situations, I can pause without immediately reacting.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
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3	Sometimes true																
4	Often true																
5	Very often or always true																
190	ffmq_24	When I have distressing thoughts or images, I feel calm soon after.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
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2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
191	ffmq_26	I notice the smells and aromas of things.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
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3	Sometimes true																
4	Often true																
5	Very often or always true																

192	ffmq_29	When I have distressing thoughts or images I am able just to notice them without reacting.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never or very rarely true</td></tr> <tr><td>2</td><td>Rarely true</td></tr> <tr><td>3</td><td>Sometimes true</td></tr> <tr><td>4</td><td>Often true</td></tr> <tr><td>5</td><td>Very often or always true</td></tr> </table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
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3	Sometimes true												
4	Often true												
5	Very often or always true												
193	ffmq_31	I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never or very rarely true</td></tr> <tr><td>2</td><td>Rarely true</td></tr> <tr><td>3</td><td>Sometimes true</td></tr> <tr><td>4</td><td>Often true</td></tr> <tr><td>5</td><td>Very often or always true</td></tr> </table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
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3	Sometimes true												
4	Often true												
5	Very often or always true												
194	ffmq_33	When I have distressing thoughts or images, I just notice them and let them go.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never or very rarely true</td></tr> <tr><td>2</td><td>Rarely true</td></tr> <tr><td>3</td><td>Sometimes true</td></tr> <tr><td>4</td><td>Often true</td></tr> <tr><td>5</td><td>Very often or always true</td></tr> </table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
2	Rarely true												
3	Sometimes true												
4	Often true												
5	Very often or always true												
195	ffmq_36	I pay attention to how my emotions affect my thoughts and behavior.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never or very rarely true</td></tr> <tr><td>2</td><td>Rarely true</td></tr> <tr><td>3</td><td>Sometimes true</td></tr> <tr><td>4</td><td>Often true</td></tr> <tr><td>5</td><td>Very often or always true</td></tr> </table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
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4	Often true												
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196	five_facet_mindfulness_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Self-Regulation of Eating</b> (selfregulation_of_eating)													
197	ts_eating_regulation	Timestamp self-regulation of eating	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
198	srebq_1	List up to three food types you find tempting (that is, do you want to eat more of them than you think you should?). If none, say 'none'.	text, Required										
199	srebq_2	Do you intend NOT to eat too much of the foods you find tempting in the previous question?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
200	srebq_3	Do you intend to have a healthy diet?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
201	srebq_4	Please read the following statements and tick the boxes most appropriate to you. For the next few questions, please understand that: - 'Tempting foods' are any food you want to eat more of than you think you should.- 'Eating intentions' refer to the way you are aiming to eat; for example you may intend to avoid tempting foods or eat healthy foods.	descriptive										
202	srebq_4a	I give up too easily on my eating intentions.  Show the field ONLY if: [srebq_2] = '1' and [srebq_3] = '1'	radio, Required <table border="1"> <tr><td>5</td><td>Never</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>1</td><td>Always</td></tr> </table>	5	Never	4	Rarely	3	Sometimes	2	Often	1	Always
5	Never												
4	Rarely												
3	Sometimes												
2	Often												
1	Always												

203	srebq_4b Show the field ONLY if: [srebq_2] = '1' and [srebq_3] = '1'	I'm good at resisting tempting food.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always				
1	Never																
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3	Sometimes																
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5	Always																
204	srebq_4c Show the field ONLY if: [srebq_3] = '1' and [srebq_2] = '1'	I easily get distracted from the way I intend to eat.	radio, Required <table border="1"> <tr><td>5</td><td>Never</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>1</td><td>Always</td></tr> </table>	5	Never	4	Rarely	3	Sometimes	2	Often	1	Always				
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3	Sometimes																
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1	Always																
205	srebq_4d Show the field ONLY if: [srebq_2] = '1' and [srebq_3] = '1'	If I am not eating in the way I intend to I make changes.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always				
1	Never																
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3	Sometimes																
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5	Always																
206	srebq_4e Show the field ONLY if: [srebq_2] = '1' and [srebq_3] = '1'	I find it hard to remember what I have eaten throughout the day.	radio, Required <table border="1"> <tr><td>5</td><td>Never</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>1</td><td>Always</td></tr> </table>	5	Never	4	Rarely	3	Sometimes	2	Often	1	Always				
5	Never																
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3	Sometimes																
2	Often																
1	Always																
207	selfregulation_of_eating_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Emotion Regulation Questionnaire (ERQ)</b> (emotion_regulation_questionnaire_erq)																	
208	ts_erq	Timestamp Emotion Regulation	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
209	erq_1	Section Header: <i>We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:</i>  When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
1	1 Strongly Disagree																
2	2																
3	3																
4	4 Neutral																
5	5																
6	6																
7	7 Strongly Agree																
210	erq_2	I keep my emotions to myself.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
1	1 Strongly Disagree																
2	2																
3	3																
4	4 Neutral																
5	5																
6	6																
7	7 Strongly Agree																



211	erq_3	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
212	erq_4	When I am feeling positive emotions, I am careful not to express them.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
213	erq_5	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
214	erq_6	I control my emotions by not expressing them.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
215	erq_7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
216	erq_8	I control my emotions by changing the way I think about the situation I'm in.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree

217	erq_9	When I am feeling negative emotions, I make sure not to express them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
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218	erq_10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
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219	emotion_regulation_questionnaire_erq_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>CD-RISC</b> (cdrisc)																	
220	ts_cd_risc	Timestamp CD-RISC	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
221	cdisc_1	Section Header: <i>For each item, please mark the option that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.</i>  I am able to adapt when changes occur.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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2	Sometimes true																
3	Often true																
4	True nearly all the time																
222	cdisc_2	I have at least one close and secure relationship that helps me when I am stressed.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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3	Often true																
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223	cdisc_3	When there are no clear solutions to my problems, sometimes fate or God can help.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
0	Not true at all																
1	Rarely true																
2	Sometimes true																
3	Often true																
4	True nearly all the time																
224	cdisc_4	I can deal with whatever comes my way.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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225	cdrisc_5	Past successes give me confidence in dealing with new challenges and difficulties.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
226	cdrisc_6	I try to see the humorous side of things when I am faced with problems.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
227	cdrisc_7	Having to cope with stress can make me stronger.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
228	cdrisc_8	I tend to bounce back after illness, injury, or other hardships.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
229	cdrisc_9	Good or bad, I believe that most things happen for a reason.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
230	cdrisc_10	I give my best effort no matter what the outcome may be.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
231	cdrisc_11	I believe I can achieve my goals, even if there are obstacles.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
232	cdrisc_12	Even when things look hopeless, I don't give up.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time

233	cdrisc_13	During times of stress/crisis, I know where to turn for help.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
234	cdrisc_14	Under pressure, I stay focused and think clearly.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
235	cdrisc_15	I prefer to take the lead in solving problems rather than letting others make all the decisions.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
236	cdrisc_16	I am not easily discouraged by failure.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
237	cdrisc_17	I think of myself as a strong person when dealing with life's challenges and difficulties.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
238	cdrisc_18	I can make unpopular or difficult decisions that affect other people, if it is necessary.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
239	cdrisc_19	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
240	cdrisc_20	In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time

241	cdisc_21	I have a strong sense of purpose in life.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time												
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4	True nearly all the time																								
242	cdisc_22	I feel in control of my life.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time												
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243	cdisc_23	I like challenges.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time												
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244	cdisc_24	I work to attain my goals no matter what roadblocks I encounter along the way.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time												
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245	cdisc_25	I take pride in my achievements.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time												
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246	cdisc_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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Instrument: <b>Motivation Assessment Survey</b> (motivation_assessment_survey)																									
247	ts_motivation	Timestamp Motivation	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																						
248	motivation_1	Section Header: <i>Rate the first 5 questions on a scale of 0-10, 10 being highest.</i> How effective do you expect this 4-week meditation intervention to be for helping you manage your daily stress?	dropdown (autocomplete) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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249	motivation_2	Compared to others your age, how would you rank your overall level of usage of mobile technology to assist with your health (such as food/diet/sleep/exercise apps and tools like FitBit) and/or daily living (such as apps for scheduling, organizing, note taking, etc)?	dropdown (autocomplete, Min: 0, Max: 10) <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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250	motivation_3	How strongly do you believe you can learn to use your mind to help control your own thoughts, behaviors and reactions?	dropdown (autocomplete, Min: 0, Max: 10) <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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251	motivation_4	How enthusiastic do you feel regarding your assigned meditation tool(s)?	dropdown (autocomplete, Min: 0, Max: 10) <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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252	motivation_5	How self-motivated are you to develop a long-term meditation practice?	dropdown (autocomplete, Min: 0, Max: 10) <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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253	motivation_6	Regarding your expectations for your participation in this study, what is the likelihood that you will comply with all requirements of this study and complete the study in full?	radio <table><tr><td>0</td><td>Not likely</td></tr><tr><td>1</td><td>Somewhat likely</td></tr><tr><td>2</td><td>Very likely</td></tr></table>	0	Not likely	1	Somewhat likely	2	Very likely																
0	Not likely																								
1	Somewhat likely																								
2	Very likely																								

254	motivation_7	What is the strongest motivator for you to complete this study?	radio <table border="1"> <tr><td>0</td><td>Financial compensation</td></tr> <tr><td>1</td><td>Extra credit</td></tr> <tr><td>2</td><td>Acquiring skills/Learning to meditate</td></tr> <tr><td>3</td><td>Reducing stress</td></tr> <tr><td>4</td><td>Curiosity/fun</td></tr> <tr><td>5</td><td>Health benefits</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	0	Financial compensation	1	Extra credit	2	Acquiring skills/Learning to meditate	3	Reducing stress	4	Curiosity/fun	5	Health benefits	6	Other
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4	Curiosity/fun																
5	Health benefits																
6	Other																
255	motivation_8	Scientific studies suggest there could be a variety of potential benefits of a regular meditation practice. Which of the purported benefits most appeal to you?	radio <table border="1"> <tr><td>0</td><td>Cognitive (such as increased attention, focus, etc.)</td></tr> <tr><td>1</td><td>Emotional (such as reduced stress, improved feelings of well-being, etc.)</td></tr> <tr><td>2</td><td>Physical benefits (such as improved sleep or health)</td></tr> <tr><td>3</td><td>Performance benefits (such as in sports, job interviews, and tests)</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>5</td><td>None</td></tr> </table>	0	Cognitive (such as increased attention, focus, etc.)	1	Emotional (such as reduced stress, improved feelings of well-being, etc.)	2	Physical benefits (such as improved sleep or health)	3	Performance benefits (such as in sports, job interviews, and tests)	4	Other	5	None		
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256	motivation_assessment_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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Instrument: <b>Self-Reported Survey 1</b> (selfreported_survey_1)																	
257	ts1	Timestamp 1	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
258	min_w_tools_v2_v1	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required														
259	min_wo_tools_v2_v1	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required														
260	cmhs_meditation_room_v2_v1	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
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261	technical_difficulties_v2_v1	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
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0	No																
262	technical_difficulties_2_v2_v1	If "Yes", please explain.	notes														

263	post_meditation_feeling_v2_v1	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v1__1</td><td>Frustrated</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v1__2</td><td>More stressed</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v1__3</td><td>Tired</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v1__4</td><td>Less stressed</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v1__5</td><td>Fell asleep</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v1__6</td><td>Peaceful</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v1__7</td><td>Calm</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v1__8</td><td>Happy</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v1__9</td><td>Anxious</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v1__10</td><td>Relaxed</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v1__11</td><td>Worried</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v1__12</td><td>Confused</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v1__13</td><td>Settled</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v1__14</td><td>Focused</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v1__15</td><td>Angry</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v1__16</td><td>Energized</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v1__17</td><td>Sad</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v1__18</td><td>Excited</td></tr> </table>	1	post_meditation_feeling_v2_v1__1	Frustrated	2	post_meditation_feeling_v2_v1__2	More stressed	3	post_meditation_feeling_v2_v1__3	Tired	4	post_meditation_feeling_v2_v1__4	Less stressed	5	post_meditation_feeling_v2_v1__5	Fell asleep	6	post_meditation_feeling_v2_v1__6	Peaceful	7	post_meditation_feeling_v2_v1__7	Calm	8	post_meditation_feeling_v2_v1__8	Happy	9	post_meditation_feeling_v2_v1__9	Anxious	10	post_meditation_feeling_v2_v1__10	Relaxed	11	post_meditation_feeling_v2_v1__11	Worried	12	post_meditation_feeling_v2_v1__12	Confused	13	post_meditation_feeling_v2_v1__13	Settled	14	post_meditation_feeling_v2_v1__14	Focused	15	post_meditation_feeling_v2_v1__15	Angry	16	post_meditation_feeling_v2_v1__16	Energized	17	post_meditation_feeling_v2_v1__17	Sad	18	post_meditation_feeling_v2_v1__18	Excited
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264	selfreported_survey_1_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																
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Instrument: <b>Self-Reported Survey 2</b> (selfreported_survey_2)																																																									
265	ts2	Timestamp 2	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
266	min_w_tools_v2	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
267	min_wo_tools_v2	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																																						
268	cmhs_meditation_room_v2	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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269	technical_difficulties_v2	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
270	technical_difficulties_2_v2	If "Yes", please explain.	notes																																																						



271	post_meditation_feeling_v2	Check the following word(s) that best describes how you felt after your last meditation session.	<div>checkbox</div> <table><tr><td>1</td><td>post_meditation_feeling_v2__1</td><td>Frustrated</td></tr><tr><td>2</td><td>post_meditation_feeling_v2__2</td><td>More stressed</td></tr><tr><td>3</td><td>post_meditation_feeling_v2__3</td><td>Tired</td></tr><tr><td>4</td><td>post_meditation_feeling_v2__4</td><td>Less stressed</td></tr><tr><td>5</td><td>post_meditation_feeling_v2__5</td><td>Fell asleep</td></tr><tr><td>6</td><td>post_meditation_feeling_v2__6</td><td>Peaceful</td></tr><tr><td>7</td><td>post_meditation_feeling_v2__7</td><td>Calm</td></tr><tr><td>8</td><td>post_meditation_feeling_v2__8</td><td>Happy</td></tr><tr><td>9</td><td>post_meditation_feeling_v2__9</td><td>Anxious</td></tr><tr><td>10</td><td>post_meditation_feeling_v2__10</td><td>Relaxed</td></tr><tr><td>11</td><td>post_meditation_feeling_v2__11</td><td>Worried</td></tr><tr><td>12</td><td>post_meditation_feeling_v2__12</td><td>Confused</td></tr><tr><td>13</td><td>post_meditation_feeling_v2__13</td><td>Settled</td></tr><tr><td>14</td><td>post_meditation_feeling_v2__14</td><td>Focused</td></tr><tr><td>15</td><td>post_meditation_feeling_v2__15</td><td>Angry</td></tr><tr><td>16</td><td>post_meditation_feeling_v2__16</td><td>Energized</td></tr><tr><td>17</td><td>post_meditation_feeling_v2__17</td><td>Sad</td></tr><tr><td>18</td><td>post_meditation_feeling_v2__18</td><td>Excited</td></tr></table>	1	post_meditation_feeling_v2__1	Frustrated	2	post_meditation_feeling_v2__2	More stressed	3	post_meditation_feeling_v2__3	Tired	4	post_meditation_feeling_v2__4	Less stressed	5	post_meditation_feeling_v2__5	Fell asleep	6	post_meditation_feeling_v2__6	Peaceful	7	post_meditation_feeling_v2__7	Calm	8	post_meditation_feeling_v2__8	Happy	9	post_meditation_feeling_v2__9	Anxious	10	post_meditation_feeling_v2__10	Relaxed	11	post_meditation_feeling_v2__11	Worried	12	post_meditation_feeling_v2__12	Confused	13	post_meditation_feeling_v2__13	Settled	14	post_meditation_feeling_v2__14	Focused	15	post_meditation_feeling_v2__15	Angry	16	post_meditation_feeling_v2__16	Energized	17	post_meditation_feeling_v2__17	Sad	18	post_meditation_feeling_v2__18	Excited
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273	ts3	Timestamp 3	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
274	min_w_tools_v2_v3	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
275	min_wo_tools_v2_v3	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																																						
276	cmhs_meditation_room_v2_v3	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																																																		
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277	technical_difficulties_v2_v3	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																																																		
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278	technical_difficulties_2_v2_v3	If "Yes", please explain.	notes																																																						

279	post_meditation_feeling_v2_v3	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3__1</td><td>Frustrated</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3__2</td><td>More stressed</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3__3</td><td>Tired</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3__4</td><td>Less stressed</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3__5</td><td>Fell asleep</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3__6</td><td>Peaceful</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3__7</td><td>Calm</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3__8</td><td>Happy</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3__9</td><td>Anxious</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3__10</td><td>Relaxed</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3__11</td><td>Worried</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3__12</td><td>Confused</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3__13</td><td>Settled</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3__14</td><td>Focused</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3__15</td><td>Angry</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3__16</td><td>Energized</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3__17</td><td>Sad</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3__18</td><td>Excited</td></tr> </table>	1	post_meditation_feeling_v2_v3__1	Frustrated	2	post_meditation_feeling_v2_v3__2	More stressed	3	post_meditation_feeling_v2_v3__3	Tired	4	post_meditation_feeling_v2_v3__4	Less stressed	5	post_meditation_feeling_v2_v3__5	Fell asleep	6	post_meditation_feeling_v2_v3__6	Peaceful	7	post_meditation_feeling_v2_v3__7	Calm	8	post_meditation_feeling_v2_v3__8	Happy	9	post_meditation_feeling_v2_v3__9	Anxious	10	post_meditation_feeling_v2_v3__10	Relaxed	11	post_meditation_feeling_v2_v3__11	Worried	12	post_meditation_feeling_v2_v3__12	Confused	13	post_meditation_feeling_v2_v3__13	Settled	14	post_meditation_feeling_v2_v3__14	Focused	15	post_meditation_feeling_v2_v3__15	Angry	16	post_meditation_feeling_v2_v3__16	Energized	17	post_meditation_feeling_v2_v3__17	Sad	18	post_meditation_feeling_v2_v3__18	Excited
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280	selfreported_survey_3_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																
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281	ts4	Timestamp 4	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
282	min_w_tools_v2_v3_v4	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
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285	technical_difficulties_v2_v3_v4	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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287	post_meditation_feeling_v2_v3_v4	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4__1</td><td>Frustrated</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4__2</td><td>More stressed</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4__3</td><td>Tired</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4__4</td><td>Less stressed</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4__5</td><td>Fell asleep</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4__6</td><td>Peaceful</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4__7</td><td>Calm</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4__8</td><td>Happy</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4__9</td><td>Anxious</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4__10</td><td>Relaxed</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4__11</td><td>Worried</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4__12</td><td>Confused</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4__13</td><td>Settled</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4__14</td><td>Focused</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4__15</td><td>Angry</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4__16</td><td>Energized</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4__17</td><td>Sad</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4__18</td><td>Excited</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4__1	Frustrated	2	post_meditation_feeling_v2_v3_v4__2	More stressed	3	post_meditation_feeling_v2_v3_v4__3	Tired	4	post_meditation_feeling_v2_v3_v4__4	Less stressed	5	post_meditation_feeling_v2_v3_v4__5	Fell asleep	6	post_meditation_feeling_v2_v3_v4__6	Peaceful	7	post_meditation_feeling_v2_v3_v4__7	Calm	8	post_meditation_feeling_v2_v3_v4__8	Happy	9	post_meditation_feeling_v2_v3_v4__9	Anxious	10	post_meditation_feeling_v2_v3_v4__10	Relaxed	11	post_meditation_feeling_v2_v3_v4__11	Worried	12	post_meditation_feeling_v2_v3_v4__12	Confused	13	post_meditation_feeling_v2_v3_v4__13	Settled	14	post_meditation_feeling_v2_v3_v4__14	Focused	15	post_meditation_feeling_v2_v3_v4__15	Angry	16	post_meditation_feeling_v2_v3_v4__16	Energized	17	post_meditation_feeling_v2_v3_v4__17	Sad	18	post_meditation_feeling_v2_v3_v4__18	Excited
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295	post_meditation_feeling_v2_v3_v4_v5	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5__1</td><td>Frustrated</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5__2</td><td>More stressed</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5__3</td><td>Tired</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5__4</td><td>Less stressed</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5__5</td><td>Fell asleep</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5__6</td><td>Peaceful</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5__7</td><td>Calm</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5__8</td><td>Happy</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5__9</td><td>Anxious</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5__10</td><td>Relaxed</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5__11</td><td>Worried</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5__12</td><td>Confused</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5__13</td><td>Settled</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5__14</td><td>Focused</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5__15</td><td>Angry</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5__16</td><td>Energized</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5__17</td><td>Sad</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5__18</td><td>Excited</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5__1	Frustrated	2	post_meditation_feeling_v2_v3_v4_v5__2	More stressed	3	post_meditation_feeling_v2_v3_v4_v5__3	Tired	4	post_meditation_feeling_v2_v3_v4_v5__4	Less stressed	5	post_meditation_feeling_v2_v3_v4_v5__5	Fell asleep	6	post_meditation_feeling_v2_v3_v4_v5__6	Peaceful	7	post_meditation_feeling_v2_v3_v4_v5__7	Calm	8	post_meditation_feeling_v2_v3_v4_v5__8	Happy	9	post_meditation_feeling_v2_v3_v4_v5__9	Anxious	10	post_meditation_feeling_v2_v3_v4_v5__10	Relaxed	11	post_meditation_feeling_v2_v3_v4_v5__11	Worried	12	post_meditation_feeling_v2_v3_v4_v5__12	Confused	13	post_meditation_feeling_v2_v3_v4_v5__13	Settled	14	post_meditation_feeling_v2_v3_v4_v5__14	Focused	15	post_meditation_feeling_v2_v3_v4_v5__15	Angry	16	post_meditation_feeling_v2_v3_v4_v5__16	Energized	17	post_meditation_feeling_v2_v3_v4_v5__17	Sad	18	post_meditation_feeling_v2_v3_v4_v5__18	Excited
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296	selfreported_survey_5_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																
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297	ts6	Timestamp 6	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
298	min_w_tools_v2_v3_v4_v5_v6	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
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300	cmhs_meditation_room_v2_v3_v4_v5_v6	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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301	technical_difficulties_v2_v3_v4_v5_v6	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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302	technical_difficulties_2_v2_v3_v4_v5_v6	If "Yes", please explain.	notes																																																						

303	post_meditation_feeling_v2_v3_v4_v5_v6	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__1</td><td>Frustrated</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__2</td><td>More stressed</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__3</td><td>Tired</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__4</td><td>Less stressed</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__5</td><td>Fell asleep</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__6</td><td>Peaceful</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__7</td><td>Calm</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__8</td><td>Happy</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__9</td><td>Anxious</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__10</td><td>Relaxed</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__11</td><td>Worried</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__12</td><td>Confused</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__13</td><td>Settled</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__14</td><td>Focused</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__15</td><td>Angry</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__16</td><td>Energized</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__17</td><td>Sad</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6__18</td><td>Excited</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6__1	Frustrated	2	post_meditation_feeling_v2_v3_v4_v5_v6__2	More stressed	3	post_meditation_feeling_v2_v3_v4_v5_v6__3	Tired	4	post_meditation_feeling_v2_v3_v4_v5_v6__4	Less stressed	5	post_meditation_feeling_v2_v3_v4_v5_v6__5	Fell asleep	6	post_meditation_feeling_v2_v3_v4_v5_v6__6	Peaceful	7	post_meditation_feeling_v2_v3_v4_v5_v6__7	Calm	8	post_meditation_feeling_v2_v3_v4_v5_v6__8	Happy	9	post_meditation_feeling_v2_v3_v4_v5_v6__9	Anxious	10	post_meditation_feeling_v2_v3_v4_v5_v6__10	Relaxed	11	post_meditation_feeling_v2_v3_v4_v5_v6__11	Worried	12	post_meditation_feeling_v2_v3_v4_v5_v6__12	Confused	13	post_meditation_feeling_v2_v3_v4_v5_v6__13	Settled	14	post_meditation_feeling_v2_v3_v4_v5_v6__14	Focused	15	post_meditation_feeling_v2_v3_v4_v5_v6__15	Angry	16	post_meditation_feeling_v2_v3_v4_v5_v6__16	Energized	17	post_meditation_feeling_v2_v3_v4_v5_v6__17	Sad	18	post_meditation_feeling_v2_v3_v4_v5_v6__18	Excited
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305	ts7	Timestamp 7	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
306	min_w_tools_v2_v3_v4_v5_v6_v7	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
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314	min_w_tools_v2_v3_v4_v5_v6_v7_v8	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
315	min_wo_tools_v2_v3_v4_v5_v6_v7_v8	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																																						
316	cmhs_meditation_room_v2_v3_v4_v5_v6_v7_v8	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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317	technical_difficulties_v2_v3_v4_v5_v6_v7_v8	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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318	technical_difficulties_2_v2_v3_v4_v5_v6_v7_v8	If "Yes", please explain.	notes																																																						

319	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox																																																						
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320	selfreported_survey_8_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																
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321	ts9	Timestamp 9	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																																						
322	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																																						
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327	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__1</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__2</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__3</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__4</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__5</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__6</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__7</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__8</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__9</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__10</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__11</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__12</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__13</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__14</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__15</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__16</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__17</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__18</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__1	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__2	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__3	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__4	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__5	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__6	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__7	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__8	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__9	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__10	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__11	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__12	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__13	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__14	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__15	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__16	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__17	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9__18
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329	ts10	Timestamp 10	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																				
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335	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10
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336	selfreported_survey_10_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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337	ts11	Timestamp 11	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																				
338	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																				
339	min_wo_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																				
340	cmhs_meditation_room_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
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341	technical_difficulties_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
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343	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11
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344	selfreported_survey_11_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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345	ts12	Timestamp 12	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																				
346	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																				
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351	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12
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352	selfreported_survey_12_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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353	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																				
354	min_wo_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																				
355	cmhs_meditation_room_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
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356	technical_difficulties_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
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357	technical_difficulties_2_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	If "Yes", please explain.	notes																																				

358	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v12</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v13</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v14</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v15</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v16</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v17</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v18</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v19</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v20</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v21</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v22</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v23</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v24</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v25</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v26</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v27</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v28</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v12	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v13	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v14	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v15	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v16	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v17	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v18	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v19	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v20	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v21	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v22	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v23	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v24	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v25	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v26	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v27	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v28
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359	ts13	Timestamp 13	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																				
360	selfreported_survey_13_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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361	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required																																				
362	min_wo_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required																																				
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366	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14	Check the following word(s) that best describes how you felt after your last meditation session.	<div>checkbox</div> <div><div>1</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>2</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>3</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>4</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>5</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>6</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>7</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>8</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>9</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>10</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>11</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>12</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>13</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>14</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>15</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>16</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>17</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div> <div><div>18</div><div>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14</div></div>
367	ts14	Timestamp 14	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
368	selfreported_survey_14_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div><div>0</div><div>Incomplete</div></div> <div><div>1</div><div>Unverified</div></div> <div><div>2</div><div>Complete</div></div>
Instrument: <b>Self-Reported Survey 15</b> (selfreported_survey_15)			
369	min_w_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required
370	min_wo_tools_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required
371	cmhs_meditation_room_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	<div>yesno, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div>
372	technical_difficulties_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	<div>yesno, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div>
373	technical_difficulties_2_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	If "Yes", please explain.	notes

374	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	Check the following word(s) that best describes how you felt after your last meditation session.	checkbox <table border="1"> <tr><td>1</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>2</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>3</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>4</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>5</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>6</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>7</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>8</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>9</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>10</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>11</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>12</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>13</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>14</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>15</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>16</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>17</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> <tr><td>18</td><td>post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15</td></tr> </table>	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15	18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v11_v12_v13_v14_v15
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375	tss_15	Timestamp Self 15	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																																				
376	selfreported_survey_15_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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Instrument: <b>Satisfaction Follow Up</b> (satisfaction_follow_up)																																							
377	follow_up_1	Section Header: <i>After the completion of the 4-week trial, an 18-item instrument will be used to solicit participants' satisfaction with the meditation tools and suggestions for improvement. The instrument was developed for this study and asks questions about perceived benefits of mindfulness meditation, feedback on tools, and intentions to continue practicing in the future. Will allow for both qualitative and quantitative responses.</i> What tools were you assigned?	radio, Required <table border="1"> <tr><td>0</td><td>Apps/Weblinks</td></tr> <tr><td>1</td><td>Muse (EEG Neurofeedback) and Apps/Weblinks</td></tr> </table>	0	Apps/Weblinks	1	Muse (EEG Neurofeedback) and Apps/Weblinks																																
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1	Muse (EEG Neurofeedback) and Apps/Weblinks																																						
378	follow_up_2	On average, how many minutes per week did you spend meditating?	text, Required																																				
379	follow_up_3 Show the field ONLY if: [follow_up_1] = '1'	Did you feel the Muse was helpful for learning how to meditate?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
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380	follow_up_4 Show the field ONLY if: [follow_up_3] = '0' or [follow_up_3] = '1'	Explain why or why not	text																																				
381	follow_up_5 Show the field ONLY if: [follow_up_1] = '1'	Would you recommend making neurofeedback devices like Muse available to college students?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
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382	follow_up_6 Show the field ONLY if: [follow_up_5] = '1' and [follow_up_5] = '0'	Explain why or why not	text																																				
383	follow_up_7	Did you feel the Apps/Websites were helpful for learning how to meditate?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
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384	follow_up_8 Show the field ONLY if: [follow_up_7] = '1' or [follow_up_7] = '0'	Explain why or why not	text																																				

385	follow_up_9	What tool, app, website or technique would you recommend most to other college students looking to start a meditation practice?	text, Required																						
386	follow_up_10	Do you feel like your meditation practice is helping to provide you with skills to self-manage stress?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																		
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387	follow_up_11 Show the field ONLY if: [follow_up_10] = '1' or [follow_up_10] = '0'	Explain why or why not	text																						
388	follow_up_12	Often times, people want to meditate, but they encounter obstacles. Describe any obstacles you ran into during the 4-week trial, and comment on how you addressed them.	text, Required																						
389	follow_up_13	Did you experience any adverse experiences from meditation, such as increased anxiety, nausea, dizziness, or other negative emotions/thoughts/physical symptoms?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																		
1	Yes																								
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390	follow_up_14	If so, explain.	text																						
391	follow_up_15	Did you experience any benefits from meditation, such as improved sleep, less emotional reactivity, sense of calm, or any other mental/emotional/physical/health benefits?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																		
1	Yes																								
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392	follow_up_16	If so, explain.	text																						
393	follow_up_17a	Section Header: Rate how your participation in this study (i.e., your meditation practice) altered each of the following:  sleep	radio (Matrix), Required <table border="1"> <tr> <td>-5</td> <td>-5 Strong Negative Impact (made worse)</td> </tr> <tr> <td>-4</td> <td>-4</td> </tr> <tr> <td>-3</td> <td>-3</td> </tr> <tr> <td>-2</td> <td>-2</td> </tr> <tr> <td>-1</td> <td>-1</td> </tr> <tr> <td>0</td> <td>0 No Change</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2,</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5 Strong Positive Impact (improved significantly)</td> </tr> </table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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394	follow_up_17b	emotional reactivity	radio (Matrix), Required <table border="1"> <tr> <td>-5</td> <td>-5 Strong Negative Impact (made worse)</td> </tr> <tr> <td>-4</td> <td>-4</td> </tr> <tr> <td>-3</td> <td>-3</td> </tr> <tr> <td>-2</td> <td>-2</td> </tr> <tr> <td>-1</td> <td>-1</td> </tr> <tr> <td>0</td> <td>0 No Change</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2,</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5 Strong Positive Impact (improved significantly)</td> </tr> </table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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395	follow_up_17c	sense of calm/peace	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	radio (Matrix), Required		-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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396	follow_up_17d	outlook/perspective	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	radio (Matrix), Required		-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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397	follow_up_17e	behavior	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	radio (Matrix), Required		-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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398	follow_up_17f	physical health	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	radio (Matrix), Required		-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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399	follow_up_17g	mental health	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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400	follow_up_17h	emotional health	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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401	follow_up_17i	overall well-being	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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402	follow_up_17j	relationships (e.g., social interactions, feelings of connection, communication)	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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403	follow_up_17k	stress	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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404	follow_up_17l	other health-related behaviors (e.g., exercise, diet)	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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405	follow_up_17m	risk behaviors (e.g., alcohol or drug use)	<div>radio (Matrix), Required</div> <table><tr><td>-5</td><td>-5 Strong Negative Impact (made worse)</td></tr><tr><td>-4</td><td>-4</td></tr><tr><td>-3</td><td>-3</td></tr><tr><td>-2</td><td>-2</td></tr><tr><td>-1</td><td>-1</td></tr><tr><td>0</td><td>0 No Change</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2,</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Strong Positive Impact (improved significantly)</td></tr></table>	-5	-5 Strong Negative Impact (made worse)	-4	-4	-3	-3	-2	-2	-1	-1	0	0 No Change	1	1	2	2,	3	3	4	4	5	5 Strong Positive Impact (improved significantly)
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406	follow_up_18	Please explain any specific or additional benefits	text																						
407	follow_up_19	Please explain any specific or additional negative reactions/effects	text																						
408	follow_up_20	How likely are you to continue meditating?	<div>radio, Required</div> <table><tr><td>0</td><td>not at all</td></tr><tr><td>1</td><td>perhaps some time in the future, but not now</td></tr><tr><td>2</td><td>somewhat likely</td></tr><tr><td>3</td><td>very likely</td></tr><tr><td>4</td><td>definitely</td></tr></table>	0	not at all	1	perhaps some time in the future, but not now	2	somewhat likely	3	very likely	4	definitely												
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409	follow_up_21	Did participating in this study increase or decrease your interest in meditation?	<div>radio, Required</div> <table><tr><td>1</td><td>Increase</td></tr><tr><td>0</td><td>Decrease</td></tr></table>	1	Increase	0	Decrease																		
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0	Decrease																								
410	follow_up_22	Explain	text																						
411	follow_up_23	Are you intersted in using the Muse more in the future?	text																						

412	follow_up_24  Show the field ONLY if: [follow_up_1] = '1'	When trying to meditate, which of the following 'tools' do you find most helpful?	radio, Required <table><tr><td>0</td><td>breathe</td></tr><tr><td>1</td><td>mindful awareness</td></tr><tr><td>2</td><td>music</td></tr><tr><td>3</td><td>guided meditation</td></tr><tr><td>4</td><td>neurofeedback/ Muse</td></tr></table>	0	breathe	1	mindful awareness	2	music	3	guided meditation	4	neurofeedback/ Muse												
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413	follow_up_25  Show the field ONLY if: [follow_up_1] = '0'	When trying to meditate, which of the following 'tools' do you find most helpful?	radio, Required <table><tr><td>0</td><td>breathe</td></tr><tr><td>1</td><td>mindful awareness</td></tr><tr><td>2</td><td>music</td></tr><tr><td>3</td><td>guided meditation</td></tr></table>	0	breathe	1	mindful awareness	2	music	3	guided meditation														
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414	follow_up_26	Rate your overall satisfaction level with the tools provided in this study to help learn and practice meditation (Rate 0-10, explain any suggestions for improvement for helping students learn to meditate)	dropdown (autocomplete), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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415	follow_up_27	Explain	text, Required																						
416	follow_up_28	Rate your overall satisfaction level with your experience in this study (Rate 0-10, explain any suggestions for improvement in the study experience)	dropdown (autocomplete), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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417	follow_up_29	Explain	text, Required																						
418	ts_end	Timestamp End	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																						
419	satisfaction_follow_up_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																
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Instrument: <b>DASS-21 2</b> (dass21_2)																									
420	ts_dass21_v2	Timestamp DASS-21	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY																						

421	dass_1_v2	<p>Section Header: Please read each statement and choose the option which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p>I found it hard to wind down.</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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422	dass_2_v2	I was aware of dryness of my mouth.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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423	dass_3_v2	I couldn't seem to experience any positive feelings at all.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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424	dass_4_v2	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion).	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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425	dass_5_v2	I found it difficult to work up the initiative to do things.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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426	dass_6_v2	I tended to over-react to situations.	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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427	dass_7_v2	I experienced trembling (eg, in the hands).	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Did not apply to me at all - NEVER</td> </tr> <tr> <td>1</td> <td>Applied to me to some degree, or some of the time - SOMETIMES</td> </tr> <tr> <td>2</td> <td>Applied to me a considerable degree, or a good part of the time - OFTEN</td> </tr> <tr> <td>3</td> <td>Applied to me very much, or most of the time - ALMOST ALWAYS</td> </tr> </table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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428	dass_8_v2	I felt that I was using a lot of nervous energy.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
429	dass_9_v2	I was worried about situations in which I might panic and make a fool of myself.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
430	dass_10_v2	I felt that I had nothing to look forward to.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
431	dass_11_v2	I found myself getting agitated.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
432	dass_12_v2	I found it difficult to relax.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
433	dass_13_v2	I felt down-hearted and blue.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS
434	dass_14_v2	I was intolerant to anything that kept me from getting on with what I was doing.	radio, Required 0 Did not apply to me at all - NEVER 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me a considerable degree, or a good part of the time - OFTEN 3 Applied to me very much, or most of the time - ALMOST ALWAYS

435	dass_15_v2	I felt I was close to panic.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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436	dass_16_v2	I was unable to become enthusiastic about anything.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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2	Applied to me a considerable degree, or a good part of the time - OFTEN										
3	Applied to me very much, or most of the time - ALMOST ALWAYS										
437	dass_17_v2	I felt I wasn't worth much as a person.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
438	dass_18_v2	I felt that I was rather touchy.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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2	Applied to me a considerable degree, or a good part of the time - OFTEN										
3	Applied to me very much, or most of the time - ALMOST ALWAYS										
439	dass_19_v2	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat).	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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2	Applied to me a considerable degree, or a good part of the time - OFTEN										
3	Applied to me very much, or most of the time - ALMOST ALWAYS										
440	dass_20_v2	I felt scared without any good reason.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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2	Applied to me a considerable degree, or a good part of the time - OFTEN										
3	Applied to me very much, or most of the time - ALMOST ALWAYS										
441	dass_21_v2	I felt that life was meaningless.	radio, Required <table><tr><td>0</td><td>Did not apply to me at all - NEVER</td></tr><tr><td>1</td><td>Applied to me to some degree, or some of the time - SOMETIMES</td></tr><tr><td>2</td><td>Applied to me a considerable degree, or a good part of the time - OFTEN</td></tr><tr><td>3</td><td>Applied to me very much, or most of the time - ALMOST ALWAYS</td></tr></table>	0	Did not apply to me at all - NEVER	1	Applied to me to some degree, or some of the time - SOMETIMES	2	Applied to me a considerable degree, or a good part of the time - OFTEN	3	Applied to me very much, or most of the time - ALMOST ALWAYS
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3	Applied to me very much, or most of the time - ALMOST ALWAYS										
442	dass21_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: <b>RSES 2</b> (rses_2)											
443	ts_rses_v2	Timestamp RSES	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
444	rses_1_v2	Section Header: <i>Below is a list of statements dealing with your general feelings about yourself. Select one of the options "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" for each statement.</i>  I feel that I'm a person of worth, at least on an equal plane with others.	radio, Required <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Disagree</td></tr><tr><td>4</td><td>Strongly Disagree</td></tr></table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
445	rses_2_v2	I feel that I have a number of good qualities.	radio, Required <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Disagree</td></tr><tr><td>4</td><td>Strongly Disagree</td></tr></table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
446	rses_3_v2	All in all, I am inclined to feel that I am a failure.	radio, Required <table><tr><td>4</td><td>Strongly Agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>1</td><td>Strongly Disagree</td></tr></table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
447	rses_4_v2	I am able to do things as well as most other people.	radio, Required <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Disagree</td></tr><tr><td>4</td><td>Strongly Disagree</td></tr></table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
448	rses_5_v2	I feel I do not have much to be proud of.	radio, Required <table><tr><td>4</td><td>Strongly Agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>1</td><td>Strongly Disagree</td></tr></table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
449	rses_6_v2	I take a positive attitude toward myself.	radio, Required <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Disagree</td></tr><tr><td>4</td><td>Strongly Disagree</td></tr></table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
450	rses_7_v2	On the whole I am satisfied with myself.	radio, Required <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Disagree</td></tr><tr><td>4</td><td>Strongly Disagree</td></tr></table>	1	Strongly Agree	2	Agree	3	Disagree	4	Strongly Disagree
1	Strongly Agree										
2	Agree										
3	Disagree										
4	Strongly Disagree										
451	rses_8_v2	I wish I could have more respect for myself.	radio, Required <table><tr><td>4</td><td>Strongly Agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>1</td><td>Strongly Disagree</td></tr></table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										
452	rses_9_v2	I certainly feel useless at times.	radio, Required <table><tr><td>4</td><td>Strongly Agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>1</td><td>Strongly Disagree</td></tr></table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree
4	Strongly Agree										
3	Agree										
2	Disagree										
1	Strongly Disagree										

453	rses_10_v2	At times I think I am no good at all.	radio, Required <table border="1"> <tr><td>4</td><td>Strongly Agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>1</td><td>Strongly Disagree</td></tr> </table>	4	Strongly Agree	3	Agree	2	Disagree	1	Strongly Disagree		
4	Strongly Agree												
3	Agree												
2	Disagree												
1	Strongly Disagree												
454	rses_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Experiences Questionnaire 2</b> (experiences_questionnaire_2)													
455	ts_experiences_v2	Timestamp experiences	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
456	eq_1_v2	Section Header: <i>Below is a list of things that people sometimes experience. Next to each item are five choices: "never", "rarely", "sometimes", "often", and "all the time". Please select one of these to indicate how much you currently have experiences similar to those described. Please do not spend too long on each item-it is your first response that we are interested in. Please be sure to answer every item.</i>  I think about what will happen in the future.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
457	eq_2_v2	I remind myself that thoughts aren't facts.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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3	Sometimes												
4	Often												
5	All the time												
458	eq_3_v2	I am better able to accept myself as I am.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
459	eq_4_v2	I notice all sorts of little things and details in the world around me.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
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3	Sometimes												
4	Often												
5	All the time												
460	eq_5_v2	I am kinder to myself when things go wrong.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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3	Sometimes												
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5	All the time												
461	eq_6_v2	I can slow my thinking at times of stress.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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2	Rarely												
3	Sometimes												
4	Often												
5	All the time												



462	eq_7_v2	I wonder what kind of person I really am.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
463	eq_8_v2	I am not so easily carried away by my thoughts and feelings.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
464	eq_9_v2	I notice that I don't take difficulties so personally.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
465	eq_10_v2	I can separate myself from my thoughts and feelings.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
466	eq_11_v2	I analyze why things turn out the way they do.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
467	eq_12_v2	I can take time to respond to difficulties.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
468	eq_13_v2	I think over and over again about what others have said to me.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time
469	eq_14_v2	I can treat myself kindly.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time

470	eq_15_v2	I can observe unpleasant feelings without being drawn into them.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
471	eq_16_v2	I have the sense that I am fully aware of what is going on around me and inside me.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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472	eq_17_v2	I can actually see that I am not my thoughts.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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473	eq_18_v2	I am consciously aware of a sense of my body as a whole.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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3	Sometimes												
4	Often												
5	All the time												
474	eq_19_v2	I think about the ways in which I am different from other people.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	All the time												
475	eq_20_v2	I view things from a wider perspective.	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	All the time
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476	experiences_questionnaire_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Sleep Quality Assessment (PSQI) 2</b> (sleep_quality_assessment_psqi_2)													
477	ts_sleep_v2	Timestamp Sleep Quality	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
478	psqi_1_v2	Section Header: <i>The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.</i> During the past month, what time have you usually gone to bed?	text, Required										
479	psqi_2_v2	During the past month, how long (in minutes) has it taken you to fall asleep each night?	text (number, Min: 0, Max: 1440), Required										
480	psqi_3_v2	During the past month, what time have you usually gotten up in the morning?	text, Required										
481	psqi_4a_v2	During the past month, how many hours of actual sleep did you get at night (per night, on average)?	text, Required										
482	psqi_4b_v2	During the past month, how many hours were you in bed (per night, on average)?	text, Required										

483	psqi_5a_v2	<p>Section Header: <i>During the past month, how often have you had trouble sleeping because you...</i></p> <p>Cannot get to sleep in 30 minutes</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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3	Three or more times a week										
484	psqi_5b_v2	Wake up in the middle of the night or early morning	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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2	Once or twice a week										
3	Three or more times a week										
485	psqi_5c_v2	Have to get up to use the bathroom	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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486	psqi_5d_v2	Cannot breathe comfortably	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
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2	Once or twice a week										
3	Three or more times a week										
487	psqi_5e_v2	Cough or snore loudly	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
488	psqi_5f_v2	Feel too cold	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
489	psqi_5g_v2	Feel too hot	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
490	psqi_5h_v2	Have bad dreams	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
491	psqi_5i_v2	Have pain	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
492	psqi_5j_v2	Other reason (s)	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
493	psqi_5j_explain_v2	<p>please describe, including how often you had trouble sleeping because of this reason (s):</p> <p>Show the field ONLY if: [psqi_5j_v2] = '1' or [psqi_5j_v2] = '2' or [psqi_5j_v2] = '3'</p>	<p>text, Required</p>								

494	psqi_6_v2	Section Header: <i>During the last month,</i> How often have you taken a medicine (prescribed or "over the counter") to help you sleep?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
495	psqi_7_v2	How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
496	psqi_8_v2	How much of a problem has it been for you to keep up enthusiasm to get things done?	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
0	Not during the past month												
1	Less than once a week												
2	Once or twice a week												
3	Three or more times a week												
497	psqi_9_v2	How would you rate your sleep quality overall?	radio, Required <table border="1"> <tr><td>0</td><td>Very good</td></tr> <tr><td>1</td><td>Fairly good</td></tr> <tr><td>2</td><td>Fairly bad</td></tr> <tr><td>3</td><td>Very bad</td></tr> </table>	0	Very good	1	Fairly good	2	Fairly bad	3	Very bad		
0	Very good												
1	Fairly good												
2	Fairly bad												
3	Very bad												
498	sleep_quality_assessment_psqi_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Perceived Stress Scale 2</b> (perceived_stress_scale_2)													
499	ts_stress_v2	Timestamp Perceived stress	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
500	pss_1_v2	Section Header: <i>The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate selecting how often you felt or thought a certain way.</i> In the last month, how often have you been upset because of something that happened unexpectedly?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
501	pss_2_v2	In the last month, how often have you felt that you were unable to control the important things in your life?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
502	pss_3_v2	In the last month, how often have you felt nervous and "stressed"?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Fairly Often</td></tr> <tr><td>4</td><td>Very Often</td></tr> </table>	0	Never	1	Almost Never	2	Sometimes	3	Fairly Often	4	Very Often
0	Never												
1	Almost Never												
2	Sometimes												
3	Fairly Often												
4	Very Often												
503	pss_4_v2	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio, Required <table border="1"> <tr><td>4</td><td>Never</td></tr> <tr><td>3</td><td>Almost Never</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Fairly Often</td></tr> <tr><td>0</td><td>Very Often</td></tr> </table>	4	Never	3	Almost Never	2	Sometimes	1	Fairly Often	0	Very Often
4	Never												
3	Almost Never												
2	Sometimes												
1	Fairly Often												
0	Very Often												

504	pss_5_v2	In the last month, how often have you felt that things were going your way?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
505	pss_6_v2	In the last month, how often have you found that you could not cope with all the things that you had to do?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
506	pss_7_v2	In the last month, how often have you been able to control irritations in your life?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
507	pss_8_v2	In the last month, how often have you felt that you were on top of things?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
508	pss_9_v2	In the last month, how often have you been angered because of things that were outside of your control?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
509	pss_10_v2	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
510	perceived_stress_scale_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Maia 2</b> (maia_2)			
511	ts_maia_v2	Timestamp MAIA	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
512	maia_1_v2	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i>  When I am tense I notice where the tension is located in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5  Custom alignment: RH

513	maia_2_v2	I notice when I am uncomfortable in my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
514	maia_3_v2	I notice where in my body I am comfortable.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
515	maia_4_v2	I notice changes in my breathing, such as whether it slows down or speeds up.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
516	maia_5_v2	I do not notice (I ignore) physical tension or discomfort until they become more severe.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
517	maia_6_v2	I distract myself from sensations of discomfort.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH
518	maia_7_v2	When I feel pain or discomfort, I try to power through it.	radio, Required <input type="radio"/> 5 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 5 Custom alignment: RH

519	maia_8_v2	When I feel physical pain, I become upset.	radio, Required <table border="1"> <tr><td>5</td><td>0</td></tr> <tr><td>4</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>2</td><td>3</td></tr> <tr><td>1</td><td>4</td></tr> <tr><td>0</td><td>5</td></tr> </table> Custom alignment: RH	5	0	4	1	3	2	2	3	1	4	0	5
5	0														
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3	2														
2	3														
1	4														
0	5														
520	maia_9_v2	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i> I start to worry that something is wrong if I feel any discomfort.	radio, Required <table border="1"> <tr><td>5</td><td>0</td></tr> <tr><td>4</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>2</td><td>3</td></tr> <tr><td>1</td><td>4</td></tr> <tr><td>0</td><td>5</td></tr> </table> Custom alignment: RH	5	0	4	1	3	2	2	3	1	4	0	5
5	0														
4	1														
3	2														
2	3														
1	4														
0	5														
521	maia_10_v2	I can notice an unpleasant body sensation without worrying about it.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
522	maia_11_v2	I can pay attention to my breath without being distracted by things happening around me.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
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2	2														
3	3														
4	4														
5	5														
523	maia_12_v2	I can maintain awareness of my inner bodily sensations even when there is a lot going on around me.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
524	maia_13_v2	When I am in conversation with someone, I can pay attention to my posture.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
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5	5														

525	maia_14_v2	I can return awareness to my body if I am distracted.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
526	maia_15_v2	I can refocus my attention from thinking to sensing my body.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
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1	1														
2	2														
3	3														
4	4														
5	5														
527	maia_16_v2	I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
528	maia_17_v2	Section Header: <i>Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always".</i> I am able to consciously focus on my body as a whole.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
529	maia_18_v2	I notice how my body changes when I am angry.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														
530	maia_19_v2	When something is wrong in my life I can feel it in my body.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5
0	0														
1	1														
2	2														
3	3														
4	4														
5	5														



531	maia_20_v2	I notice that my body feels different after a peaceful experience.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
532	maia_21_v2	I notice that my breathing becomes free and easy when I feel comfortable.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
533	maia_22_v2	I notice how my body changes when I feel happy / joyful.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
534	maia_23_v2	When I feel overwhelmed I can find a calm place inside.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
535	maia_24_v2	When I bring awareness to my body I feel a sense of calm.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
536	maia_25_v2	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I can use my breath to reduce tension.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH

537	maia_26_v2	When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
538	maia_27_v2	I listen for information from my body about my emotional state.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
539	maia_28_v2	When I am upset, I take time to explore how my body feels.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
540	maia_29_v2	I listen to my body to inform me about what to do.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
541	maia_30_v2	I am at home in my body.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH
542	maia_31_v2	I feel my body is a safe place.	radio, Required <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 Custom alignment: RH

543	maia_32_v2	I trust my body sensations.	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> Custom alignment: RH	0	0	1	1	2	2	3	3	4	4	5	5		
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
544	maia_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Big Five Inventory (Shortened) 2</b> (big_five_inventory_shortened_2)																	
545	ts_big5_v2_v2	Timestamp Big Five Inventory	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
546	extra_v2	Section Header: <i>Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please select an option for each statement to indicate the extent to which you agree or disagree with that statement. I see Myself as Someone Who Is...</i> Extraverted, enthusiastic	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_1	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
547	critical_v2	Critical, quarrelsome	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_2	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
548	depend_v2	Dependable, self-disciplined	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_3	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
549	anxious_v2	Anxious, easily upset	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither agree nor disagree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly Agree</td></tr> </table> Field Annotation: big5_4	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																

550	open_v2	Open to new experiences, complex	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_5	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
551	intrav_v2	Reserved, quiet	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_6	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
552	sympath_v2	Sympathetic, warm	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_7	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
553	disorg_v2	Disorganized, careless	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_8	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
554	calm_v2	Calm, emotionally stable	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_9	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																

555	conventional_v2	Conventional, uncreative	radio (Matrix), Required <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Neither agree nor disagree</td></tr><tr><td>5</td><td>Somewhat agree</td></tr><tr><td>6</td><td>Agree</td></tr><tr><td>7</td><td>Strongly Agree</td></tr></table> Field Annotation: big5_10	1	Strongly Disagree	2	Disagree	3	Somewhat disagree	4	Neither agree nor disagree	5	Somewhat agree	6	Agree	7	Strongly Agree
1	Strongly Disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither agree nor disagree																
5	Somewhat agree																
6	Agree																
7	Strongly Agree																
556	big_five_inventory_shortened_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Five Facet Mindfulness Questionnaire 2</b> (five_facet_mindfulness_questionnaire_2)																	
557	ts_five_facet_v2	Timestamp Five Facet	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
558	ffmq_1_v2	Section Header: <i>Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.</i>  When I'm walking, I deliberately notice the sensations of my body moving.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
559	ffmq_19_v2	When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
560	ffmq_20_v2	I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
561	ffmq_21_v2	In difficult situations, I can pause without immediately reacting.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
562	ffmq_24_v2	When I have distressing thoughts or images, I feel calm soon after.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																
563	ffmq_26_v2	I notice the smells and aromas of things.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true				
1	Never or very rarely true																
2	Rarely true																
3	Sometimes true																
4	Often true																
5	Very often or always true																

564	ffmq_29_v2	When I have distressing thoughts or images I am able just to notice them without reacting.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
2	Rarely true												
3	Sometimes true												
4	Often true												
5	Very often or always true												
565	ffmq_31_v2	I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
2	Rarely true												
3	Sometimes true												
4	Often true												
5	Very often or always true												
566	ffmq_33_v2	When I have distressing thoughts or images, I just notice them and let them go.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
2	Rarely true												
3	Sometimes true												
4	Often true												
5	Very often or always true												
567	ffmq_36_v2	I pay attention to how my emotions affect my thoughts and behavior.	radio (Matrix), Required <table><tr><td>1</td><td>Never or very rarely true</td></tr><tr><td>2</td><td>Rarely true</td></tr><tr><td>3</td><td>Sometimes true</td></tr><tr><td>4</td><td>Often true</td></tr><tr><td>5</td><td>Very often or always true</td></tr></table>	1	Never or very rarely true	2	Rarely true	3	Sometimes true	4	Often true	5	Very often or always true
1	Never or very rarely true												
2	Rarely true												
3	Sometimes true												
4	Often true												
5	Very often or always true												
568	five_facet_mindfulness_questionnaire_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Self-Regulation of Eating 2</b> (selfregulation_of_eating_2)													
569	ts_eating_regulation_v2	Timestamp self-regulation of eating	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
570	srebq_1_v2	List up to three food types you find tempting (that is, do you want to eat more of them than you think you should?). If none, say 'none'.	text, Required										
571	srebq_2_v2	Do you intend NOT to eat too much of the foods you find tempting in the previous question?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
572	srebq_3_v2	Do you intend to have a healthy diet?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
573	srebq_4_v2 Show the field ONLY if: [srebq_2_v2] = '1' and [srebq_3_v2] = '1'	Please read the following statements and tick the boxes most appropriate to you. For the next few questions, please understand that: - 'Tempting foods' are any food you want to eat more of than you think you should.- 'Eating intentions' refer to the way you are aiming to eat; for example you may intend to avoid tempting foods or eat healthy foods.	descriptive										
574	srebq_4a_v2 Show the field ONLY if: [srebq_2_v2] = '1' and [srebq_3_v2] = '1'	I give up too easily on my eating intentions.	radio, Required <table><tr><td>5</td><td>Never</td></tr><tr><td>4</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>1</td><td>Always</td></tr></table>	5	Never	4	Rarely	3	Sometimes	2	Often	1	Always
5	Never												
4	Rarely												
3	Sometimes												
2	Often												
1	Always												

575	srebq_4b_v2 Show the field ONLY if: [srebq_2_v2] = '1' and [srebq_3_v2] = '1'	I'm good at resisting tempting food.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
576	srebq_4c_v2 Show the field ONLY if: [srebq_3_v2] = '1' and [srebq_2_v2] = '1'	I easily get distracted from the way I intend to eat.	radio, Required 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always
577	srebq_4d_v2 Show the field ONLY if: [srebq_2_v2] = '1' and [srebq_3_v2] = '1'	If I am not eating in the way I intend to I make changes.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
578	srebq_4e_v2 Show the field ONLY if: [srebq_2_v2] = '1' and [srebq_3_v2] = '1'	I find it hard to remember what I have eaten throughout the day.	radio, Required 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always
579	selfregulation_of_eating_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Emotion Regulation Questionnaire (ERQ) 2</b> (emotion_regulation_questionnaire_erq_2)			
580	ts_erq_v2	Timestamp Emotion Regulation	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
581	erq_1_v2	Section Header: <i>We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:</i>  When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
582	erq_2_v2	I keep my emotions to myself.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree

583	erq_3_v2	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
584	erq_4_v2	When I am feeling positive emotions, I am careful not to express them.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
585	erq_5_v2	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
586	erq_6_v2	I control my emotions by not expressing them.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
587	erq_7_v2	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
588	erq_8_v2	I control my emotions by changing the way I think about the situation I'm in.	radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree



589	erq_9_v2	When I am feeling negative emotions, I make sure not to express them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
1	1 Strongly Disagree																
2	2																
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6	6																
7	7 Strongly Agree																
590	erq_10_v2	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>1 Strongly Disagree</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 Neutral</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Strongly Agree</td></tr> </table>	1	1 Strongly Disagree	2	2	3	3	4	4 Neutral	5	5	6	6	7	7 Strongly Agree
1	1 Strongly Disagree																
2	2																
3	3																
4	4 Neutral																
5	5																
6	6																
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591	emotion_regulation_questionnaire_erq_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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2	Complete																
Instrument: <b>CD-RISC 2</b> (cdrisc_2)																	
592	ts_cd_risc_v2	Timestamp CD-RISC	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY														
593	cdrisc_1_v2	Section Header: <i>For each item, please mark the option that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.</i>  I am able to adapt when changes occur.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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594	cdrisc_2_v2	I have at least one close and secure relationship that helps me when I am stressed.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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595	cdrisc_3_v2	When there are no clear solutions to my problems, sometimes fate or God can help.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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596	cdrisc_4_v2	I can deal with whatever comes my way.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time				
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597	cdrisc_5_v2	Past successes give me confidence in dealing with new challenges and difficulties.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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598	cdrisc_6_v2	I try to see the humorous side of things when I am faced with problems.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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599	cdrisc_7_v2	Having to cope with stress can make me stronger.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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600	cdrisc_8_v2	I tend to bounce back after illness, injury, or other hardships.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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601	cdrisc_9_v2	Good or bad, I believe that most things happen for a reason.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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602	cdrisc_10_v2	I give my best effort no matter what the outcome may be.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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603	cdrisc_11_v2	I believe I can achieve my goals, even if there are obstacles.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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604	cdrisc_12_v2	Even when things look hopeless, I don't give up.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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605	cdrisc_13_v2	During times of stress/crisis, I know where to turn for help.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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606	cdrisc_14_v2	Under pressure, I stay focused and think clearly.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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607	cdrisc_15_v2	I prefer to take the lead in solving problems rather than letting others make all the decisions.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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608	cdrisc_16_v2	I am not easily discouraged by failure.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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609	cdrisc_17_v2	I think of myself as a strong person when dealing with life's challenges and difficulties.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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610	cdrisc_18_v2	I can make unpopular or difficult decisions that affect other people, if it is necessary.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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611	cdrisc_19_v2	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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612	cdrisc_20_v2	In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	radio, Required <table><tr><td>0</td><td>Not true at all</td></tr><tr><td>1</td><td>Rarely true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Often true</td></tr><tr><td>4</td><td>True nearly all the time</td></tr></table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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613	cdisc_21_v2	I have a strong sense of purpose in life.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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614	cdisc_22_v2	I feel in control of my life.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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615	cdisc_23_v2	I like challenges.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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616	cdisc_24_v2	I work to attain my goals no matter what roadblocks I encounter along the way.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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617	cdisc_25_v2	I take pride in my achievements.	radio, Required <table border="1"> <tr><td>0</td><td>Not true at all</td></tr> <tr><td>1</td><td>Rarely true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Often true</td></tr> <tr><td>4</td><td>True nearly all the time</td></tr> </table>	0	Not true at all	1	Rarely true	2	Sometimes true	3	Often true	4	True nearly all the time
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618	cdisc_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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Instrument: <b>1 month follow-up</b> (month_followup)													
619	follow_ts1	timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY										
620	question1	Which of the following statements best describes your meditation practice in the last month?	dropdown, Required <table border="1"> <tr><td>1</td><td>I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)</td></tr> <tr><td>2</td><td>I meditated a few times this past month (1-3 times total)</td></tr> <tr><td>3</td><td>I want to continue meditating, but haven't been able to practice at all this past month</td></tr> <tr><td>4</td><td>I do not plan to continue meditating at this point in time</td></tr> </table>	1	I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)	2	I meditated a few times this past month (1-3 times total)	3	I want to continue meditating, but haven't been able to practice at all this past month	4	I do not plan to continue meditating at this point in time		
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621	question2	If you are continuing to meditate, or at least intend to, what is your preferred method?	dropdown, Required <table border="1"> <tr><td>1</td><td>Seated meditation, using breathing or mantra</td></tr> <tr><td>2</td><td>Guided meditation, using an app or weblink</td></tr> <tr><td>3</td><td>I do not plan to continue meditating at this point</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Seated meditation, using breathing or mantra	2	Guided meditation, using an app or weblink	3	I do not plan to continue meditating at this point	4	Other		
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622	other1	If "other", please explain.	notes										

623	month_followup_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
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Instrument: <b>6 month follow-up</b> (month_followup_9a2a)											
624	follow_ts2	Timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
625	question1v1	Which of the following statements best describes your meditation practice in the last month?	dropdown, Required <table border="1"> <tr><td>1</td><td>I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)</td></tr> <tr><td>2</td><td>I meditated a few times this past month (1-3 times total)</td></tr> <tr><td>3</td><td>I want to continue meditating, but haven't been able to practice at all this past month</td></tr> <tr><td>4</td><td>I do not plan to continue meditating at this point in time</td></tr> </table>	1	I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)	2	I meditated a few times this past month (1-3 times total)	3	I want to continue meditating, but haven't been able to practice at all this past month	4	I do not plan to continue meditating at this point in time
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626	question2v1	If you are continuing to meditate, or at least intend to, what is your preferred method?	dropdown, Required <table border="1"> <tr><td>1</td><td>Seated meditation, using breathing or mantra</td></tr> <tr><td>2</td><td>Guided meditation, using an app or weblink</td></tr> <tr><td>3</td><td>I do not plan to continue meditating at this point</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Seated meditation, using breathing or mantra	2	Guided meditation, using an app or weblink	3	I do not plan to continue meditating at this point	4	Other
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627	other1v1	If "other", please explain.	notes								
628	month_followup_9a2a_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>12 month follow-up</b> (month_followup_6e84)											
629	follow_ts3	Timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY								
630	question1v1_v1	Which of the following statements best describes your meditation practice in the last month?	dropdown, Required <table border="1"> <tr><td>1</td><td>I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)</td></tr> <tr><td>2</td><td>I meditated a few times this past month (1-3 times total)</td></tr> <tr><td>3</td><td>I want to continue meditating, but haven't been able to practice at all this past month</td></tr> <tr><td>4</td><td>I do not plan to continue meditating at this point in time</td></tr> </table>	1	I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)	2	I meditated a few times this past month (1-3 times total)	3	I want to continue meditating, but haven't been able to practice at all this past month	4	I do not plan to continue meditating at this point in time
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4	I do not plan to continue meditating at this point in time										
631	question2v1_v1	If you are continuing to meditate, or at least intend to, what is your preferred method?	dropdown, Required <table border="1"> <tr><td>1</td><td>Seated meditation, using breathing or mantra</td></tr> <tr><td>2</td><td>Guided meditation, using an app or weblink</td></tr> <tr><td>3</td><td>I do not plan to continue meditating at this point</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Seated meditation, using breathing or mantra	2	Guided meditation, using an app or weblink	3	I do not plan to continue meditating at this point	4	Other
1	Seated meditation, using breathing or mantra										
2	Guided meditation, using an app or weblink										
3	I do not plan to continue meditating at this point										
4	Other										
632	other1v1_v1	If "other", please explain.	notes								
633	month_followup_6e84_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										