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<https://dataselfie.namwkim.org/forms/view/Mz3V9fqy9>

Go to the Link

* Only you can access to the form.

Share

Reminder



On?

Repeat



daily



weekly



monthly

On



Mon



Tue



Wed



Thu



Fri



Sat



Sun

Reminder

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Shoud you exercise today? (P14)

How many hours of sleep did you get last night?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | 0-4 |
| <input type="checkbox"/> | 5-7 |
| <input type="checkbox"/> | 8-9 |

Did you carbo load?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

What level of intensity to you exercise at yesterday?

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | I didn't work out |
| <input type="checkbox"/> | Moderate intensity |
| <input type="checkbox"/> | High intensity |

P14

A1



P13



Daily Thoughts (P3)

What did you think about most in the morning?

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | Family |
| <input type="checkbox"/> | Work |
| <input type="checkbox"/> | Entertainment |

What did you think about during the day?

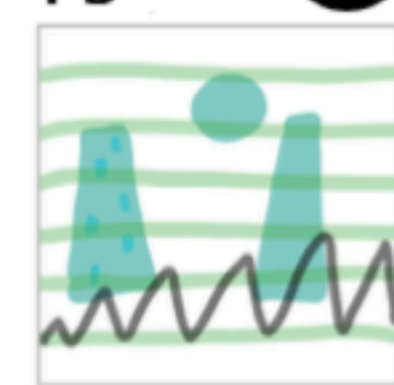
| | |
|--------------------------|-------------|
| <input type="checkbox"/> | The past |
| <input type="checkbox"/> | The present |
| <input type="checkbox"/> | The future |

What was on your mind in the evening?

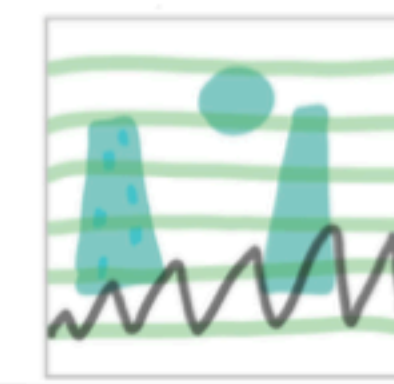
| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Relaxing |
| <input type="checkbox"/> | Catching up with work |
| <input type="checkbox"/> | Breakfast |

P3

A2



P1



How are you feeling right now? (P2)

Which best describes how you feel?

| | |
|--------------------------|---------|
| <input type="checkbox"/> | Happy |
| <input type="checkbox"/> | Sad |
| <input type="checkbox"/> | Angry |
| <input type="checkbox"/> | Blank |
| <input type="checkbox"/> | Anxious |

How intense is that feeling?

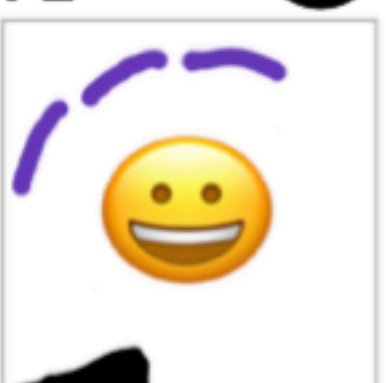
| | |
|--------------------------|------------|
| <input type="checkbox"/> | 1 - Mild |
| <input type="checkbox"/> | 2 |
| <input type="checkbox"/> | 3 |
| <input type="checkbox"/> | 4 |
| <input type="checkbox"/> | 5 - Strong |

How long have you been feeling this way?

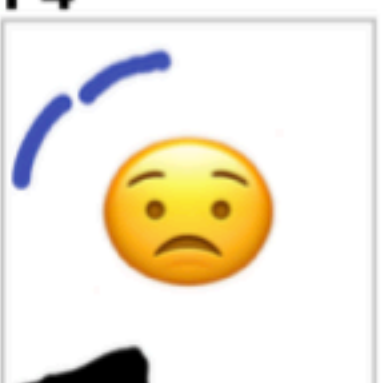
| | |
|--------------------------|----------|
| <input type="checkbox"/> | 1-2 hrs |
| <input type="checkbox"/> | 3-4 hrs |
| <input type="checkbox"/> | 5-6 hrs |
| <input type="checkbox"/> | 7-8 hrs |
| <input type="checkbox"/> | 9-10 hrs |

P2

B1

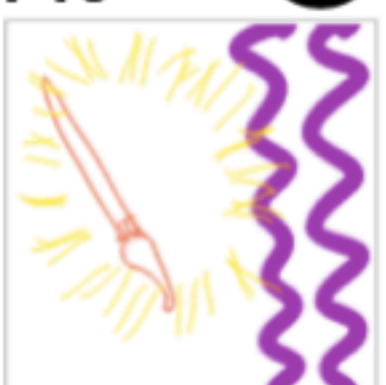


P4



P10

B2



Things around me (P10)

Which do you prefer?

| | |
|--------------------------|------------|
| <input type="checkbox"/> | Pencil |
| <input type="checkbox"/> | Pen |
| <input type="checkbox"/> | Paintbrush |

What medium is you favorite?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Digital |
| <input type="checkbox"/> | Acrylic paints |
| <input type="checkbox"/> | Paper |

Do you consider yourself creative?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

P12

