1. Did you smoke any tobacco products during the past 24 hours?
   _____ yes                               _____ no ----> go to question 2

   1a. How many of each did you smoke?
   _____ cigarettes           _____ cigars          _____ bowls of tobacco

2. Did you consume any alcoholic drinks during the past 24 hours?
   _____ yes                                _____ no ----> go to question 3

   2a. How many drinks did you have? (A glass of wine, 12 ounce beer, or shot of hard liquor each equal one drink.)
   _____ drinks

3. Did you exercise long enough to work up a sweat or get your heart thumping during the past 24 hours?
   _____ yes                                _____ no ----> go to question 4

   3a. For how many minutes did you exercise? _____ minutes

4. Did you feel rested from last night’s sleep? _____ yes                               _____ no

5. How many minutes of sleep did you lose last night because you had difficulty falling asleep or you woke up and couldn’t get back to sleep?
   _____ minutes of sleep lost

6. How would you rate the quality of your sleep last night?
   1=very bad       2=fairly bad         3=fairly good       4=very good