

DAILY HEALTH PRACTICES

ID#: _____

Date: _____

Initials: _____

Study Day: _____

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