

**Persons Involved
(check all that apply)**

	Time (Circle AM or PM) Or N/A	Spouse / Partner	Child(ren)	Parent(s)	Friend(s)	Coworker(s)	Other Relative(s)	Other	Alone
1. What time did you go to bed last night?	_____	AM PM	<input type="radio"/>						
2. What time did you get out of bed today?	_____	AM PM	<input type="radio"/>						
3. What time was your first contact (in person or by phone) with another person?	_____	AM PM	<input type="radio"/>						
4. What time did you have a morning beverage, such as coffee?	_____	AM PM	<input type="radio"/>						
5. What time did you have breakfast?	_____	AM PM	<input type="radio"/>						
6. What time did you go outside for the first time?	_____	AM PM	<input type="radio"/>						
7. What time did you start school, housework, child or family care, volunteer activities?	_____	AM PM	<input type="radio"/>						
7a. What time did you start paid work outside of your home?	_____	AM PM	<input type="radio"/>						
7b. How many hours did you work?	_____ Hours								
8. What time did you have lunch?	_____	AM PM	<input type="radio"/>						
9. What time did you take an afternoon nap?	_____	AM PM	<input type="radio"/>						
9a. How long was your nap?	_____ Hours _____ Minutes								
10. What time did you have an afternoon snack / drink?	_____	AM PM	<input type="radio"/>						

**Persons Involved
(check all that apply)**

	Time (Circle AM or PM) Or N/A	Spouse / Partner	Child(ren)	Parent(s)	Friend(s)	Coworker(s)	Other Relative(s)	Other	Alone
11. What time did you have dinner?	_____	AM PM	<input type="radio"/>						
12. What time did you begin any physical exercise?	_____	AM PM	<input type="radio"/>						
13. What time did you have an evening snack / drink?	_____	AM PM	<input type="radio"/>						
14. What time did you watch an evening TV news program?	_____	AM PM	<input type="radio"/>						
15. What time did you return home for the last time?	_____	AM PM	<input type="radio"/>						
16. Were you involved in another specific activity during the last 24 hours?	_____	AM PM	<input type="radio"/>						
17. Were you involved in another specific activity during the last 24 hours?	_____	AM PM	<input type="radio"/>						