

Activity Watch Save & Exit Sleep Save & Exit Sleep Save & Exit Context of Assessment Save & Exit Context of Assessment Save & Exit Context of Assessment Save & Exit Mood Circumplex Save & Exit Mood Circumplex Save & Exit

Have you taken your activity watch off?

No

Yes

What time did you go to bed last night?

HH:MM AM/PM

Which (if any) of the following sleep problems did you have last night?

- Difficulty falling asleep
- Awakening too early
- Feeling unrefreshed or unrestored despite enough hours of sleep
- Nightmares
- Other sleep problem

Where are you right now? Please click the button below to record your gps location.

GET LOCATION

Who are you with right now?

- No one
- A family member
- Your romantic partner
- Friends
- Colleagues or classmates

What are you doing right now?

- Working or studying
- Socializing in person
- Using your phone
- Watching TV/videos, playing video games, reading
- Traveling or commuting

How tired vs. energetic do you feel right now?

Very tired/sluggish | Very energetic/lively

How fidgety or restless do you feel right now compared to your usual self?

Not at all restless | Very restless/fidgety/cannot sit still

Life Events Save & Exit Life Events Save & Exit Physical Activity Save & Exit Physical Activity Save & Exit Food and Drink Intake Save & Exit Food and Drink Intake Save & Exit Food and Drink Intake Save & Exit Diet Save & Exit

Here we want to know what actually happened in your life since the last assessment.

Since the last assessment, what event - good or bad - affected you most?

Please describe briefly.

Please type text

Which category best describes the area of your life in which the event occurred?

- Social interactions in-person
- Social interactions online/on the phone
- Accomplishment/getting things done

Please select the level of activities that you have done since the last assessment?

- Vigorous activities (e.g. running, fast cycling, heavy lifting or digging)
- Moderate activities (e.g. bicycling, carrying light loads)
- Light activities (e.g. walking, climbing stairs, routine household chores)
- Sedentary activities

Since the last assessment, how many minutes did you do moderate activities (activities that make you breathe somewhat harder than usual such as bicycling, carrying light loads)?

- About 5 Minutes or Less
- About 10 Minutes
- About 20 Minutes

Since the last assessment, did you drink:

- Water
- Milk
- A caffeinated beverage (like coffee, tea, soda...)
- An alcoholic beverage (wine, beer, liquor...)
- A beverage containing...

How hungry do you feel right now?

Not At All Hungry | Extremely Hungry

How much have you eaten since the last assessment?

- Just a Snack
- Continuous Snacking
- A Small Meal
- A Regular/Full Meal
- A Large Meal

Please think about all the foods you had to eat today. Select which of the five food groups you ate.

- Meat, Poultry, Fish
- Dairy, Eggs
- Fruits, Vegetables
- Snack Foods, Desserts
- Bread, Grains, Cereals

Diet Save & Exit Substance Use (Supplement) Save & Exit Substance Use (Supplement) Save & Exit Substance Use (Supplement) Save & Exit Pain Save & Exit Pain Save & Exit Physical Health Save & Exit Physical Health Save & Exit

What type of fruits, vegetables did you have?

- Fruit cocktail, fruit salad
- All other fruits
- Potatoes
- Cooked dried beans
- Salads

Since the last assessment, did you crave or have a strong desire to use any of the following drugs or substances?

- Tobacco, cigarettes, e-cigarettes
- Cannabis, marijuana
- Other drugs
- Alcohol

How strong was your craving for tobacco, cigarettes, or e-cigarettes?

No craving at all | Extremely strong craving

Were you alone or with other people when you used cannabis or other drugs?

- Alone
- With other people

Are you in pain right now?

No pain | Extreme pain

Where are you feeling pain?

- Headache
- Back/neck/shoulder
- Arms/hands

Did you have any of the following problems today?

- Allergies
- Asthma or breathing difficulties
- Gastrointestinal, bowel or stomach problems
- Muscle/joint pain
- Heart palpitations or pounding

Did you take a medication for:

- Pain (Headache, muscle or joint pain, etc.)
- Allergies/cold
- Fever