Today’s date is \_\_\_\_\_\_\_\_\_\_

**Please do not eat, drink, or brush your teeth for 15 minutes prior to taking any of the samples.**

|  |  |
| --- | --- |
| What time did you wake up? | \_\_\_\_\_:\_\_\_\_\_ AM / PM (circle one) |
| **Sample #1** (awakening sample, when you open your eyes and are ready to get up) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #2** (30 minutes after waking) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **HAVE BREAKFAST AFTER SAMPLE #2.**  What time did you FINISH breakfast? | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #3** (1 hour after you finish breakfast) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #4** (around 10 am) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #5** (around noon, before lunch) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **HAVE LUNCH AFTER SAMPLE #5**  What time did you FINISH lunch? | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #6** (around 4 pm) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #7** (around 6 pm, before dinner) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **HAVE DINNER AFTER SAMPLE #7**  What time did you FINISH dinner? | \_\_\_\_\_:\_\_\_\_\_ AM / PM |
| **Sample #8** (bedtime, before you brush your teeth) | \_\_\_\_\_:\_\_\_\_\_ AM / PM |

**REMEMBER THE QUESTIONS ON THE BACK!!!!**

**ANSWER THESE QUESTIONS AT THE END OF THE DAY**

1. Did you go to work today?
   * 1. □ Yes
     2. □ No
2. Which of the following options best describes how your day went? (please choose only one)
   * 1. □ Today was typical in terms of my stress level
     2. □ Today I felt more stressed than usual
     3. □ Today I felt less stressed than usual
3. How much did you feel happy, excited, or content today? (circle the answer, please choose only one)

|  |  |  |  |
| --- | --- | --- | --- |
| □ Not at all | □ Somewhat | □ Very Much | □Extremely |

1. How much did you feel worried, anxious, or fearful today? (circle the answer, please choose only one)

|  |  |  |  |
| --- | --- | --- | --- |
| □ Not at all | □ Somewhat | □ Very Much | □ Extremely |

1. Which of the following best describes how you slept last night? (please choose only one)
   * 1. □ I slept soundly and woke up feeling rested
     2. □ I had some trouble sleeping but slept through most of the night
     3. □ I did not sleep well, had trouble falling asleep or staying asleep
2. Did you notice any bleeding in your gums today? □ Yes □ No
3. Did you smoke today? □ Yes □ No

If yes, how many cigarettes did you smoke?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#