

STUDY ID NUMBER _____

DATE _____

INITIALS _____

STUDY DAY _____

**DAILY DIARY
HEALTH PRACTICES**

1. Did you smoke a cigarette, cigar or pipe in the last 24 hours?

____yes→go to question 1a

____no→go to question 2

1a. How many of each did you smoke?

____cigarettes

____cigars

____bowls of tobacco

2. Did you drink any alcoholic beverages in the last 24 hours?

____yes→answer questions 2a to 2c

____no→go to question 3

2a. How many glasses of wine did you have? _____

2b. How many shots of whiskey did you have? _____

2c. How many beers did you have? _____ What size beers?* _____ oz.

**Generally, regular-sized cans and bottles of beer are 12 ounces, large-sized cans and bottles are 16 ounces, and glasses of draft beer are 10 ounces.*

3. Do you feel rested from last night's sleep?

____yes

____no

4. Did you have difficulty falling asleep last night?

____yes

____no

5. Did you awaken earlier than usual this morning?

____yes

____no