



**5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107**

**NAME:** \_\_\_\_\_ **GW ID:** \_\_\_\_\_ **RM#** \_\_\_\_\_

**TYPE OF STUDY** \_\_\_\_\_ **TECHNICIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

1. What time did you go to sleep last night?
2. What time did you wake up today?
3. Did you have any caffeinated beverages today?
4. Did you eat chocolate today?
5. Did you drink alcohol today?
6. What time was your last meal?
7. Did you smoke cigars / cigarettes today?
8. How tired do you feel now?
9. Do you have any complaints about your mask?

