

Week XY (the questionnaire was filled out every week)

Your secret Code: _____ Date: _____

How were you feeling <u>last week</u>?			
1. How many times did you have a headache?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
2. How many times did you have stomach ache?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
3. How many times did you feel dizzy?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
4. How many times didn't you sleep well?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
5. How many times did you feel sick?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
6. How many times didn't you have any appetite?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
7. How many times did you feel angry?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
8. How many times did you feel sad?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
9. How many times did you feel irritated?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
10. How many times did you feel worried?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
11. How many times did you feel agitated?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
12. How many times did you feel unhappy?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
13. How many times did you feel excited?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
14. How many times did you feel lonely?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
15. How many times did you feel wrathful?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
16. How many times did you feel nervous?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
17. How many times did you feel chippy?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly
18. How many times did you feel tense?	<input type="checkbox"/> never	<input type="checkbox"/> once	<input type="checkbox"/> repeatedly