Packet 3
Please think about the beginning of the day yesterday, how it began.

Were you fully rested when you woke up? (circle a number)

<table>
<thead>
<tr>
<th>Very tired</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Completely rested</td>
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How many hours of sleep did you have? _____ hours
First Morning Episode

Please look at your list of episodes in Packet 2 and select the earliest episode you noted, right after you woke up. When did this first episode begin and end (e.g., 7:30am)? Please try to remember the times as precisely as you can.

This episode began at ________ and ended at _________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?

__ home  __ at work  __ in a car  __ elsewhere ____________________

Were you alone?

__ no  __ yes

Were you talking with anyone? (check one)

__ no  __ one person  __ more than one

If you were talking with or interacting with anyone, was it (check all that apply):

__ spouse, significant other  __ co-workers
__ children  __ customers, students
__ parents  __ boss
__ other relatives  __ other people not listed
__ friends ________________________________

What were you doing? (Please read the entire list carefully and check all that apply)

__ commuting, traveling  __ talking, conversation  __ grooming, self care
__ working  __ playing  __ eating
__ shopping, errands  __ watching television  __ exercising
__ doing housework  __ listening to music  __ walking, taking a walk
__ preparing food  __ listening to radio, news  __ making love
__ taking care of your children  __ home computer  __ rest/sleep
__ relaxing, nothing special  __ praying/worshipping/meditating
__ other not listed (specify) ____________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.

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<td>Impatient for it to end</td>
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<td></td>
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<tr>
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<td>0 1 2 3 4 5 6</td>
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<tr>
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Next Episode

Please look at your list of episodes and select the next episode in Packet 2, right after the one you just rated.

This episode began at________ and ended at _________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?

__ home  ___ at work  ___ in a car  ___ elsewhere ______________________

Were you alone?

___ no   ___ yes

Were you talking with anyone? (check one)

___ no  ___ one person  ___ more than one

If you were talking with or interacting with anyone, was it (check all that apply):

___ spouse, significant other  ___ co-workers
___ children  ___ customers, students
___ parents  ___ boss
___ other relatives  ___ other people not listed
___ friends

(specify)________________________________

What were you doing? (check all that apply)

___ commuting, traveling  ___ talking, conversation  ___ grooming, self care
___ working  ___ playing  ___ eating
___ shopping, errands  ___ watching television  ___ exercising
___ doing housework  ___ listening to music  ___ walking, taking a walk
___ preparing food  ___ listening to radio, news  ___ making love
___ taking care of your children  ___ home computer  ___ rest/sleep
___ _____________  ___ reading  ___ praying/worshipping/meditating
___ _____________  ___ relaxing, nothing special  ___ other not listed

(specify)__________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

*Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.*

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Please look at your list of episodes and select the next episode in Packet 2, right after the one you just rated.

This episode began at________ and ended at __________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?

____ home  ____ at work  ____ in a car  ____ elsewhere ____________________

Were you alone?

____ no  ____ yes

Were you talking with anyone? (check one)

____ no  ____ one person  ____ more than one

If you were talking with or interacting with anyone, was it (check all that apply):

____ spouse, significant other  ____ co-workers
____ children  ____ customers, students
____ parents  ____ boss
____ other relatives  ____ other people not listed
____ friends

(specify)___________________________

What were you doing? (check all that apply)

____ commuting, traveling  ____ talking, conversation  ____ grooming, self care
____ working  ____ playing  ____ eating
____ shopping, errands  ____ watching television  ____ exercising
____ doing housework  ____ listening to music  ____ walking, taking a walk
____ preparing food  ____ listening to radio, news  ____ making love
____ taking care of your children  ____ home computer  ____ rest/sleep
____ preparing food  ____ reading  ____ praying/worshipping/meditating
____ exercises  ____ relaxing, nothing special  ____ other not listed

(specify)___________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you **feel** during this episode?

*Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.*

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Where were you?
__ home    __ at work    __ in a car    __ elsewhere ________________________

Were you alone?
__ no    __ yes

Were you talking with anyone? (check one)
__ no    __ one person    __ more than one

If you were talking with or interacting with anyone, was it (check all that apply):
__ spouse, significant other    __ co-workers
__ children    __ customers, students
__ parents    __ boss
__ other relatives    __ other people not listed
(specify)___________________________
__ friends

What were you doing? (check all that apply)
__ commuting, traveling    __ talking, conversation    __ grooming, self care
__ working    __ playing    __ eating
__ shopping, errands    __ watching television    __ exercising
__ doing housework    __ listening to music    __ walking, taking a walk
__ preparing food    __ listening to radio, news    __ making love
__ taking care of your children    __ home computer    __ rest/sleep
__ relaxing, nothing special    __ reading    __ praying/worshipping/meditating
(specify)___________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.

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If you were talking with or interacting with anyone, was it (check all that apply):
___ spouse, significant other  ___ co-workers
___ children  ___ customers, students
___ parents  ___ boss
___ other relatives  ___ other people not listed
___ friends
(specify)___________________________

What were you doing? (check all that apply)
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___ working  ___ playing  ___ eating
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___ doing housework  ___ listening to music  ___ walking, taking a walk
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___ taking care of your children  ___ home computer  ___ rest/sleep
___ preparing food  ___ reading  ___ praying/worshipping/meditating
___ relaxing, nothing special  ___ other not listed
(specify)___________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

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Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?
__ home       __ at work       __ in a car       __ elsewhere ____________________

Were you alone?
__ no       __ yes

Were you talking with anyone? (check one)
__ no       __ one person       __ more than one

If you were talking with or interacting with anyone, was it (check all that apply):
__ spouse, significant other
__ children
__ parents
__ other relatives
__ co-workers
__ customers, students
__ boss
__ other people not listed
(specify)__________________________________
__ friends

What were you doing? (check all that apply)
__ commuting, traveling
__ working
__ shopping, errands
__ doing housework
__ preparing food
__ taking care of your children
__ talking, conversation
__ playing
__ watching television
__ listening to music
__ listening to radio, news
__ home computer
__ reading
__ relaxing, nothing special
__ grooming, self care
__ eating
__ exercising
__ walking, taking a walk
__ making love
__ rest/sleep
__ praying/worshipping/meditating
__ other not listed
(specify)______________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
**How did you feel during this episode?**

*Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.*

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__ no __ yes

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__ parents __ boss
__ other relatives __ other people not listed
__ friends ________________________________

What were you doing? (check all that apply)
__ commuting, traveling __ talking, conversation __ grooming, self care
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(specify) ____________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
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Please look at your list of episodes and select the next episode in Packet 2, right after the one you just rated.

This episode began at________ and ended at ___________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?

__ home  __ at work  __ in a car  __ elsewhere ____________________

Were you alone?

__ no  __ yes

Were you talking with anyone? (check one)

__ no  __ one person  __ more than one

If you were talking with or interacting with anyone, was it (check all that apply):

__ spouse, significant other  __ co-workers
__ children  __ customers, students
__ parents  __ boss
__ other relatives  __ other people not listed
(specify)______________________________
 __ friends

What were you doing? (check all that apply)

__ commuting, traveling  __ talking, conversation  __ grooming, self care
__ working  __ playing  __ eating
__ shopping, errands  __ watching television  __ exercising
__ doing housework  __ listening to music  __ walking, taking a walk
__ preparing food  __ listening to radio, news  __ making love
__ taking care of your children  __ home computer  __ rest/sleep
__ making love  __ reading  __ praying/worshipping/meditating
__ relaxing, nothing special  __ other not listed
(specify)______________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

*Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.*

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__ friends                                    (specify)___________________________

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__ taking care of your children __ home computer                 __ rest/sleep
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__ other relatives ___ other people not listed
__ friends ____________________________

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___ preparing food ___ reading ___ praying/worshipping/meditating
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__ other relatives       __ other people not listed  
(specify)___________________________
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What were you doing? (check all that apply)
__ commuting, traveling       __ talking, conversation       __ grooming, self care  
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__ reading       __ relaxing, nothing special       __ praying/worshiping/meditating  
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If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

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__ friends

What were you doing? (check all that apply)

__ commuting, traveling      __ talking, conversation      __ grooming, self care
__ working      __ playing      __ eating
__ shopping, errands      __ watching television      __ exercising
__ doing housework      __ listening to music      __ walking, taking a walk
__ preparing food      __ listening to radio, news      __ making love
__ taking care of your children      __ home computer      __ rest/sleep
__ relaxing, nothing special      __ reading      __ praying/worshipping/meditating
                      (specify)_________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not at all</th>
<th>Very strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impatient for it to end ..........</td>
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<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Competent / Confident ..........</td>
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<td>1 2 3 4 5 6</td>
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<tr>
<td>Tense / Stressed ...............</td>
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<tr>
<td>Happy ................................</td>
<td>0</td>
<td>1 2 3 4 5 6</td>
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<tr>
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If you have completed this form for all the episodes in Packet 2 you can go on to Packet 4. Otherwise please continue until all of your episodes have been rated.
Please look at your list of episodes and select the next episode in Packet 2, right after the one you just rated.

This episode began at________ and ended at ____________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?

__ home  __ at work  __ in a car  __ elsewhere ____________________

Were you alone?

__ no  __ yes

Were you talking with anyone? (check one)

__ no  __ one person  __ more than one

If you were talking with or interacting with anyone, was it (check all that apply):

__ spouse, significant other  __ co-workers
__ children  __ customers, students
__ parents  __ boss
__ other relatives  __ other people not listed
    (specify)___________________________
__ friends

What were you doing? (check all that apply)

__ commuting, traveling  __ talking, conversation  __ grooming, self care
__ working  __ playing  __ eating
__ shopping, errands  __ watching television  __ exercising
__ doing housework  __ listening to music  __ walking, taking a walk
__ preparing food  __ listening to radio, news  __ making love
__ taking care of your children  __ home computer  __ rest/sleep
__ reading  __ listening to music  __ praying/worshipping/meditating
__ relaxing, nothing special  __ other not listed
    (specify)___________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you **feel** during this episode?

*Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.*

<table>
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Next Episode

Please look at your list of episodes and select the next episode in Packet 2, right after the one you just rated.

This episode began at________ and ended at _________.

Before answering the questions below take a minute to re-live this episode in detail - everything you were doing, the people you were with and what your feelings were.

Where were you?
__ home    __ at work    __ in a car    __ elsewhere ____________________

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If you were talking with or interacting with anyone, was it (check all that apply):
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__ friends

What were you doing? (check all that apply)
__ commuting, traveling
__ working
__ shopping, errands
__ doing housework
__ preparing food
__ taking care of your children

__ talking, conversation
__ playing
__ watching television
__ listening to music
__ listening to radio, news
__ home computer
__ reading
__ relaxing, nothing special

__ grooming, self care
__ eating
__ exercising
__ walking, taking a walk
__ making love
__ rest/sleep
__ praying/worshipping/meditating
__ other not listed
(specify)__________________________

If you checked several things you were doing at the same time, please circle the one that seemed the most important to you at the time.
How did you feel during this episode?

Please rate each feeling on the scale given. A 0 means that you did not experience that feeling at all. A 6 means that you experienced that feeling very strongly. Please circle the number between 0 and 6 that best describes how you felt.

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Thank You.

You have completed Packet 3.

Please return it to the envelope and open Packet 4.