

Which date was your PEAK DAY? _____

What is today's date? _____

How sure are you that you picked the right date?

Not sure at all Sort of unsure Neutral Pretty sure Very sure

How easy is it for you to keep track of changes in your cervical fluid cycle?

Very easy Easy Neutral Not easy Not easy at all

How easy is it for you to keep track of your waking temperature? I'm not taking my temperature

Very easy Easy Neutral Not easy Not easy at all

During the 24 hours of your PEAK DAY,

Did you take a prenatal vitamin or multivitamin containing folic acid?	Yes	No
Did you smoke any cigarettes?	Yes	No
Did you spend time with someone else who was smoking cigarettes?	Yes	No
Did you drink any alcohol?	Yes	No
Did you take any anti-inflammatory pain relievers such as Advil®, Nuprin®, Motrin®, ibuprofen, Aleve®, or naproxen sodium?	Yes	No
Did you take any over-the-counter drugs that contained caffeine such as NoDoz, Vivarin, Excedrin or Anacin?	Yes	No
Did you drink any caffeinated coffee or black tea?	Yes	No
If yes, how much coffee/tea did you drink? _____ ounces, mL, quarts, or L (Circle one unit)		
Did you drink any caffeinated sodas or energy drinks such as Mountain Dew®, Coke®, Pepsi®, Dr Pepper®, Red Bull®, Jolt® or Surge®?	Yes	No
If yes, how much soda/energy beverage did you drink? _____ ounces, mL, quarts, or L (Circle one unit)		
Did you consume any caffeine-infused foods or snacks?	Yes	No
Did you drink tap water, such as from a faucet or drinking fountain?	Yes	No
If yes, how much tap water did you drink? _____ ounces, mL, quarts, or L (Circle one unit)		
Did you drink bottled water, such as from a single-serve bottle or a 'water cooler' with a bottle?	Yes	No
If yes, how much bottled water did you drink?: _____ ounces, mL, quarts, or L? (Circle one unit)		

How many **days during the past week** have you performed physical activity where your heart beats faster and you are breathing harder than normal for 30 minutes or more? (*In 3, 10 minute bouts; or 1, 30 minute bout*)

1 2 3 4 5 6 7

How many **days in a typical week** have you performed activity such as this?

1 2 3 4 5 6 7