

TA: _____

Name: _____

Section: _____ Date: _____

	Name	Major	In which month were you born?	How many times did you eat yesterday? (Count meals and snacks separately. Maximum 10.)	How many hours of sleep did you get last night? (Maximum 12 hours.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					