

Supplemental Material S2. Check-in form (before session) example for aphasia group. Note that while we used smiley faces, they were given a slider bar on REDCap to respond visually.

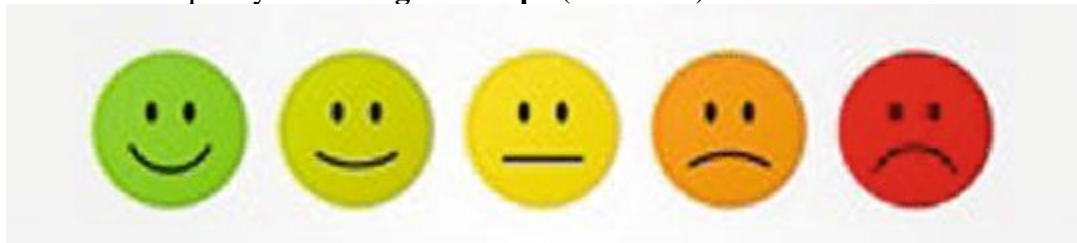
Participant ID# : _____

Date & time: _____

Pulse: _____

SLEEP

1. Are you **tired** right now? YES NO
2. How many hours did you **sleep last night**? _____
3. What was the quality of **last night's sleep**? (circle one)



GREAT

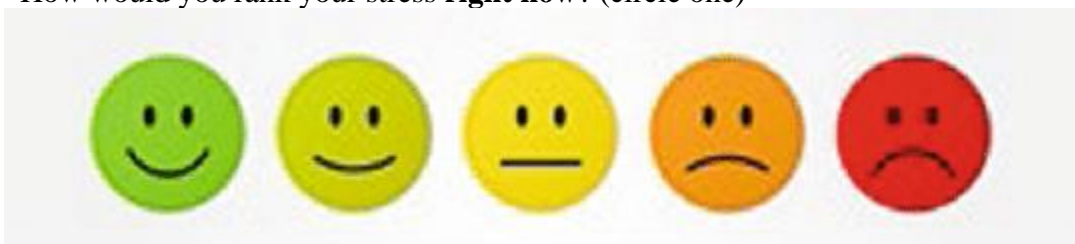
TERRIBLE

4. On average, how many hours did you **sleep per night this past week**? _____
5. How would you rate the quality of the **past week's sleep**? (circle one)



STRESS & MOOD

6. How would you rank your stress **right now**? (circle one)



NONE

LOTS

7. How would you rank your **stress over the past week**? (circle one)



8. How would you rate your **mood now**? (circle one)



9. How would you rate your **mood over the past week**? (circle one)



NUTRITION / LIFESTYLE

10. Are you **hungry** right now? YES NO
11. Did you **drink caffeine** before today's session? (circle one) YES NO
- If yes, how much (in cups): _____
12. Did you **smoke nicotine / tobacco** before today's session? (circle one) YES NO
- If yes, when: _____
13. Have you used any **recreational substances** before today's session? (circle one) YES NO
- If yes, when: _____
14. How many times did you **exercise this past week**? _____
15. How many hours per day, on average, did you **exercise this past week**? _____

16. Are you in any **physical pain**? (circle one) YES NO

If yes:

Wong-Baker FACES® Pain Rating Scale

