|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your age? | How many vitamins do you take daily? | How many carbonated sodas do you drink each day? | How many alcoholic beverages do you drink per month? | Do you sleep over 7 hours per night on average during the work week? |
| 24 | 3 | 2 | 10 |  No |
| 29 | 2 | 0 | 0 | Yes |
| 23 | 0 | 1 | 18 | No |
| 31 | 1 | 1 | 6 | No |
| 22 | 0 | 2 | 13 | No |
| 27 | 2 | 0 | 11 | Yes |
| 24 | 1 | 0 | 10-12 | No |
| 25 | 0 | 1 | 0 | No |
| 23 | 0 | 1 | 0 | No |
| 28 | 2 | 1 | 12 | yes |