

Sleep diary questionnaire, English

Thank you for participating in the research project "1001 nights". The sleep diary is completed once every day - when you wake up from your primary sleep. We will ask you questions regarding your sleep, work, diet and exercise during the last 24 hours*. Among other things, we will ask you to indicate when you were on a shift and when you slept.

Time is stated in hours and minutes.

Examples: 11.30 p.m. is referred to as:

HOUR: 23 MINUTE: 30

7 a.m. is referred to as:

HOUR: 07 MINUTE: 00

*) For the remaining sleep diaries the reference period was "since filling in the previous sleep diary" which could cover fewer or more than 24 hours.

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| <p>Choice of date in calender (dd-mm-yyyy)</p> | <p>1. Please indicate the date</p> |
| | <p>In the case of (typing) errors, the participants got the following message: 'Please note that the indicated date is different from todays date. If that is correct, continue by clicking "next". If You would like to correct the date, click "previous".</p> <p>The sleep diary should preferably be filled in the day you recieved it. Consequently, the date should agree with the day you recieved the diary.</p> <p>Have you forgotten a fill out a sleep diary?</p> <p>If you have forgotten to fill out a sleep diary, you can complete it at a later date. Please make sure to fill out the right sleep diary - that is, the sleep diary you recieved on the day, where you forgot to fill out the diary. You should indicate the date, when the diary were intended to be filled out - that is, the day you recieved the sleep diary.</p> <p>Example: Tuesday morning you recieved sleep diary 1 and you forgot to complete it. On Wednesday, you wish to fill out the forgotten diary, however, you have two links in your inbox: Diary 1 and diary 2.</p> <p>Solution: To fill in the sleep diary you forgot on Tuesday, open diary 1 (and not diary 2). Indicate the date for Tuesday - even though you fill in the diary on Wednesday. Also fill in the sleep diary of the day (diary 2) and indicate the date for Wednesday.</p> |
| | <p>In the case of (typing) errors, the participants got the following message: You indicated a date, which is later than todays date. Click "previous" to correct the date.</p> <p>The sleep diary should preferably be filled in the day you recieved it. Consequently, the date should agree with the day you recieved the diary.</p> |

| Type of answer to the question | Component | Response options if applicable | Documentation |
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| <i>Checkbox menu</i> | 1.1. Did you wear your Actigraph during your primary sleep? | Yes; No; I haven't had a primary sleep period during the last 24 hours (do not count in naps) | |
| <i>Text fields (hour and minutes)</i> | 2. When did you go to bed? | | |
| <i>Text field</i> | 3. How long did it take you to fall asleep? (indicate minutes) | | |
| <i>Text fields (hour and minutes)</i> | 4. When did you wake up? | | |
| <i>Checkbox menu</i> | 5. Was it difficult to fall asleep? | Not at all; A bit; Somewhat difficult; Quite difficult; Very difficult | |
| <i>Checkbox menu</i> | 6. How would you describe your sleep? | Very good; Fairly good; Neither good nor poor; Fairly poor; Very poor | |
| <i>Checkbox menu</i> | 7. Were you restless in your sleep? | Not at all; A bit; Somewhat restless; Quite restless; Very restless | |
| <i>Checkbox menu</i> | 8. Did you wake up too early, unable to fall asleep again? | No; Yes, slightly too early; Yes, very early | |
| <i>Checkbox menu</i> | 9. How many times did you wake up during your sleep? | 0 times; once; twice; three times; four times or more | |
| <i>Checkbox menu</i> | 10. How easy was it to get out of bed? | Very easy; Easy; Neither easy nor difficult; Difficult, Very difficult | |
| <i>Checkbox menu</i> | 11. How rested do you feel? | Completely rested; Very rested; Quite rested; Little rested; Not at all rested | |
| <i>Checkbox menu</i> | 12. Did you drink alcohol or take medicine before you went to bed? (You may choose more than one response option) | No; Yes, sleeping medicine; Yes, alcohol; Yes, analgesic; Ja, melatonin; Yes, something else | |
| <i>Text field</i> | 12.1 Please describe "something else" | | |

Work

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| <i>Checkbox menu</i> | 13. Did you work during the last 24 hours? | Yes; No | |
| <i>Text fields (hour and minute)</i> | 13.1 When did your shift start? | | |
| <i>Text fields (hour and minute)</i> | 13.2 When did your shift end? | | |
| <i>If you had more than one shift during the last 24 hours, please indicate when your second shift started and ended.</i> | | | |
| <i>Text fields (hour and minute)</i> | 13.3 When did your second shift start? | | |
| <i>Text fields (hour and minute)</i> | 13.4 When did your second shift end? | | |
| <i>Numeric scale</i> | 13.5 How busy was your shift/your shifts? Choose on a scale from 1 through 10. 1 means "not busy" and 10 means "extremely busy" | 1 Not busy; 2; 3; 4; 5; 6; 7; 8; 9; 10 Extremely busy | |
| <i>Numeric scale</i> | 13.6 How physically demanding was your shift/your shifts? | 1 Not demanding; 2; 3; 4; 5; 6; 7; 8; 9; 10 Extremely demanding | |
| <i>Numeric scale</i> | 13.7 How emotionally demanding was your shift/ your shifts? | 1 Not demanding; 2; 3; 4; 5; 6; 7; 8; 9; 10 Extremely demanding | |
| | <i>How much do you agree with the following statements?</i> | 1 Disagree; 2; 3; 4; 5 Agree | |
| | 13.8 I was exhausted by the end of my shift. | 1 Disagree; 2; 3; 4; 5 Agree | |
| | 13.9 Right after returning home from work, it was difficult to show interest in other people. | 1 Disagree; 2; 3; 4; 5 Agree | |
| Naps | | | |
| <i>Checkbox menu</i> | 14. During the last 24 hours, have you taken a nap/powernap one or more times? | Yes; No | |
| <i>Text fields (hour and minute)</i> | 14.1 For up to four naps, please indicate when you fell asleep and when you woke up | | |

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| | 1st nap: Please state when you fell asleep | | |
| | 1st nap: Please state when you woke up | | |
| | 2nd nap: Please state when you fell asleep | | |
| | 2nd nap: Please state when you woke up | | |
| | 3rd nap: Please state when you fell asleep | | |
| | 3rd nap: Please state when you woke up | | |
| | 4th nap: Please state when you fell asleep | | |
| | 4th nap: Please state when you woke up | | |
| Meals | | | |
| | <p><i>Below, we will ask you to register your meals during the last 24 hours. A main meal is a larger meal, eg. breakfast, lunch or dinner. A snack might be a granola bar, a piece of fruit, a piece of bread or a similar meal.</i></p> | | |
| <i>Drop-down list</i> | 15. During the last 24 hours, when did you eat a main meal? Please indicate up to four main meals. | Every hour and half-hour starting at 00:00. | |
| | 1st main meal | | |
| | 2nd main meal | | |
| | 3rd main meal | | |
| | 4th main meal | | |
| <i>Drop-down list</i> | 15.1. During the last 24 hours, when did you eat a snack? Please indicate up to four snacks. | | |
| | 1st snack | | |
| | 2nd snack | | |
| | 3rd snack | | |
| | 4th snack | | |

Physical activity

Below we will ask questions about physical activity.

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| <i>Checkbox menu</i> | 16.1 During the last 24 hours, did you do light intensity activities? | Yes, light intensity activities that required little effort, eg. a slow walk, gardening or housework.; No | |
| <i>Drop-down list</i> | 16.1.1 Please state total time in minutes spent with light intensity activity during the last 24 hours | 0-10 minutes; 11-20 minutes; 21-30 minutes; 31-40 minutes; 41-50 minutes; 51-60 minutes; 61-70 minutes; 71-80 minutes; 81-90 minutes; 91-100 minutes; 101-110 minutes; 111-120 minutes; More than 120 minutes (2 hours) | |
| <i>Text fields (hour and minute)</i> | 16.1.2 Please state when you did light intensity activity. If you have had several periods of light intensity activity, please indicate starting time for up to 4 periods of light intensity activity. | | |
| <i>Text fields (hour and minute)</i> | Please state the starting time for your second period of light intensity activity | | |
| <i>Text fields (hour and minute)</i> | Please state the starting time for your third period of light intensity activity | | |
| <i>Text fields (hour and minute)</i> | Please state the starting time for your fourth period of light intensity activity | | |
| <i>Checkbox menu</i> | 16.2 During the last 24 hours, did you do moderate intensity activities? | Yes, moderate intensity activity: Activities demanding a moderate effort and which causes small increases in breathing, eg. brisk | |

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| | | walking or light intensity biking.; No | |
| <i>Drop-down list</i> | 16.2.1 Please state total time in minutes spent with moderate intensity activity during the last 24 hours | 0-10 minutes; 11-20 minutes; 21-30 minutes; 31-40 minutes; 41-50 minutes; 51-60 minutes; 61-70 minutes; 71-80 minutes; 81-90 minutes; 91-100 minutes; 101-110 minutes; 111-120 minutes; More than 120 minutes (2 hours) | |
| <i>Text fields (hour and minute)</i> | 16.2.2 Please state when you did moderate intensity activity. If you have had several periods of moderate intensity activity, please indicate starting time for up to 4 periods of moderate intensity activity. | | |
| <i>Text fields (hour and minute)</i> | Please state starting time for your second period of moderate intensity activity | | |
| <i>Text fields (hour and minute)</i> | Please state starting time for your third period of moderate intensity activity | | |
| <i>Text fields (hour and minute)</i> | Please state starting time for your fourth period of moderate intensity activity | | |
| <i>Checkbox menu</i> | 16.3 During the last 24 hours, did you do vigorous-intensity activities? | Yes, vigorous-intensity activity: Activities demanding great effort and cause you to breathe heavily, eg. running or heavy lifts.; No | |
| <i>Drop-down list</i> | 16.3.1 Please state total time in minutes spent with vigorous-intensity activity during the last 24 hours | 0-10 minutes; 11-20 minutes; 21-30 minutes; 31-40 minutes; 41-50 minutes; 51-60 minutes; 61-70 minutes; 71-80 | |

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| | | minutes; 81-90 minutes; 91-100 minutes; 101-110 minutes; 111-120 minutes; More than 120 minutes (2 hours) | |
| <i>Text fields (hour and minute)</i> | 16.3.2 Please state when you did vigorous- intensity activity. If you have had several periods of vigorous- intensity activity, please indicate starting time for up to 4 periods of vigorous-intensity activity. | | |
| <i>Text fields (hour and minute)</i> | 16.3.2 Please state starting time for your second period of vigorous-intensity activity | | |
| <i>Text fields (hour and minute)</i> | 16.3.2 Please state starting time for your third period of vigorous- intensity activity | | |
| <i>Text fields (hour and minute)</i> | 16.3.2 Please state starting time for your fourth period of vigorous-intensity activity | | |
| Health | | | |
| <i>Checkbox menu</i> | 17. During the last 24 hours, have you experienced any of the symptoms listed below? (You may choose more than one option). | No symptoms; Headache; Pain in the neck; Pain in the shoulders/ arms; Backpain; Pain in the hips/legs/knees/feet; Other symptoms | |
| <i>Text field</i> | 17.1 Please describe "other symptoms" | | |

Thank you for your answers!