Instructions for Researcher: this light brightness questionnaire is to be given to each participant at the end of their final (3rd) testing session. After the participant has filled it out, record their response in correct the column of the participant spreadsheet on google drive.

**Instructions for the participant:**

Please write you name here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over the last three nights testing, each night we changed the brightness of the light that you were exposed to. For each of the three nights, please rate which night you though the light was **least bright**, **medium**, and **most bright**, by circling the relevant option next to each of the three nights below:

**1st Night:** Least Bright/ Medium / Most Bright

**2nd Night:** Least Bright/ Medium / Most Bright

**Tonight:** Least Bright/ Medium / Most Bright

Finally, by circling one of the 10 points below, please rate to what extent you were aware each night that the light’s brightness was different to the other nights, on the scale from 0-not aware at all, to 10-very aware and certain of the change:

Very aware /certain of the change

100

9

8

7

6

4

3

5

2

1

Somewhat aware, but not sure of the change

Not

aware

at all

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Thank you for participating!