|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sleep and WELLNESS QUESTIONNAIRE | | | | | | | | | | | |
| All questions contained in this questionnaire are strictly used for study purposes only. **Study ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Date of Birth:** | | |  | ◻ Male ◻ Female | | | | Height: | **Weight:** | | |
| Marital status: | ◻ Single ◻ Partnered ◻ Married ◻ Separated ◻ Divorced ◻ Widowed | | | | | | | | | | |
| Ethnicity: | ☐ Caucasian ☐ African American ☐ Hispanic/Latino ☐ Native American ☐ Asian/Pacific islander | | | | | | | | | | |
| Current residence: | ZIP code\_\_\_\_\_\_\_\_\_\_\_\_ City San Diego Country USA | | | | | | | | | | |
| I have a regular work schedule (including being a housewife or househusband): | | | | | | | ◻ Yes If yes, how many days per week? \_\_\_\_\_\_\_\_\_\_ | | | |  | |
| ◻ No | | | |  | |
|  | | | | | | | | | | | |
| Sleep HEALTH HISTORY | | | | | | | | | | | |
| \*\*Please use 24-hour scale (military) for time, for example 1700 instead of 5:00 pm.\*\* | | | | | | | | | | | |
| When answering numbers 1-6 refer to WORK DAYS. | | | | | | | | | | | |
| **1. I go to sleep between the hours of:** | | | | | | | | | | | |
| 2. To go to sleep I need: | | ◻ Complete Darkness | | |  | ◻ A nightlight | | | |  | |
| ◻ Somewhat Dark (not able to read a book) | | |  | ◻ Regular light (enough to read a book) | | | |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 3. In bed do you: (Check all that you do at least once a week) | ◻ Check emails, text, or other modes of communication |  | ◻ Eat or drink | |  | | ◻ Watch TV, play video games, read eBook, or other digital entertainment |  | ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | ◻ Do work |  | ◻ None of the above |  | | | | | | | | | | | | | |
| |  |  | | --- | --- | | 4. The minutes it takes me to actually fall sleep is: |  | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 5. I wake up between the hours of: | | ◻ With an alarm clock ◻ Without an alarm clock | | | | | | 6. The first thing I do when Iwake is: | ◻ Check emails, text, or other modes of communication | |  | ◻ Eat or drink | |  | | ◻ Watch TV, play video games, read eBook, or other digital entertainment | |  | ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | ◻ Do work | |  | ◻ None of the above |  | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | When answering numbers 7-12 refer to FREE DAYS. | | | | | | **7. I go to sleep between the hours of:** | | | | | | 8. To go tosleep I need: | ◻ Complete Darkness |  | ◻ A nightlight |  | | ◻ Somewhat Dark (not able to read a book) |  | ◻ Regular light (enough to read a book) |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 9. In bed do you: (Check all that you do at least once a week) | ◻ Check emails, text, or other modes of communication |  | ◻ Eat or drink | |  | | ◻ Watch TV, play video games, read eBook, or other digital entertainment |  | ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | ◻ Do work |  | ◻ None of the above |  | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 11. I wake up between the hours of: | | ◻ With an alarm clock ◻ Without an alarm clock | | | | | | 12. The first thing I do when I wake is: | ◻ Check emails or use electronic devices | |  | ◻ Eat or drink | |  | | ◻ Watch TV | |  | ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | ◻ Do work | |  | ◻ None of the above |  | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WORK DETAILS | | | | | | | | | | | |
| **\*\*Please use 24-hour scale (military) for time, for example 1700 instead of 5:00 pm.\*\*** | | | | | | | | | | | |
| 13. In the last 8 weeks, I worked as a shift worker: | | | ◻ Yes (Please skip to #17) ◻ No | | | | | | | | |
| 14. The time my usual work schedule starts or I leave home for work is: | | | | | | | | | | | |
| 15. The time my usual work schedule ends or I leave work is: | | | | | | | | | | | |
| 16. My work schedules are: | | | ◻ Very flexible | | | | | | | | |
|  | | | ◻ A little flexible | | | | | | | | |
|  | | | ◻ Rather inflexible | | | | | | | | |
|  | | | ◻ Very inflexible | | | | | | | | |
| 17. I travel to work: | | | ◻ Within an enclosed vehicle (e.g. car, bus, train , etc.) | | | | | | | | |
|  | | | ◻ Not within an enclosed vehicle (e.g. by foot, bike, etc.) | | | | | | | | |
|  | | | ◻ Underground metro, subway | | | | | | | | |
|  | | | ◻ I work at home | | | | | | | | |
| 18. The approximate amount of minutes I need to commute **to** work is: | | | | | | | | | | | |
| 19. The approximate amount of minutes I need to commute **from** work is: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Lifestyle | | | | | | | | | | |
| Exercise | ◻ Sedentary (No exercise) | | | | | | | | | |
| ◻ Mild exercise (i.e., climb stairs, walk 3 blocks, golf) | | | | | | | | | |
| ◻ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.) | | | | | | | | | |
| ◻ Regular vigorous exercise (i.e., work or recreation 4x/week for at least 30 minutes) | | | | | | | | | |
|  | Type of exercise: ◻ Strength training ◻ Endurance training | | | | | | | | | |
|  | Time of day you most often exercise: | | | | | | | | | |
|  | I exercise in/on water (i.e., rowing, crew, surf, swim, etc): ◻ Regularly (>3x/week) ◻ Sometimes ◻ Never | | | | | | | | | |
| **Diet** | Number of meals and snacks you eat in an average day: \_\_\_\_\_\_\_\_\_\_ Meals \_\_\_\_\_\_\_\_\_Snacks | | | | | | | | | |
|  | Are you dieting? | | | | | | ◻ | Yes | ◻ | No |
| Number of meals or snacks you prepare (involves using a stove/burner) per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Caffeine | ◻ None | ◻ Coffee | | ◻ Tea | ◻ Cola ◻ Supplements ◻ Energy drinks | | | | | |
| # of cups/cans per day (brand name and can size for energy drinks):    If yes to supplements, please list brand name, frequency taken and amount of caffeine if known: | | | | | | | | | |
| Alcohol | Do you drink alcohol? | | | | | | ◻ | Yes | ◻ | No |
| If yes, what kind (i.e., beer, wine, liquor)? | | | | | | | | | |
| How many drinks per week? | | | | | | | | | |
| Are you prone to “binge” drinking? | | | | | | ◻ | Yes | ◻ | No |
| Tobacco | Do you use tobacco? | | | | | | ◻ | Yes | ◻ | No |
| ◻ Cigarettes – pks./day | | | ◻ Chew - #/day | ◻ Ecigs/vapes- #/day | ◻ Cigars/pipe - #/day | | | | |
| ◻ # of years | ◻ Or year quit | | | | | | | | |
| Medications | Do you currently take an anti-histamine? | | | | | | ◻ | Yes | ◻ | No |
| Do you have asthma? | | | | | | ◻ | Yes | ◻ | No |
| If you do have asthma, are you taking medication for it? | | | | | | ◻ | Yes | ◻ | No |
| Do you take sleep medication? | | | | | | ◻ | Yes | ◻ | No |
| If you are taking sleep medication, approximately how often do you take per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Lifestyle Habits | Do you do the majority of your shopping after sunset? | | | | | | ◻ | Yes | ◻ | No |
| Do you shop exclusively online? | | | | | | ◻ | Yes | ◻ | No |
| Please describe your TV or digital entertaining watching routine: | | | | | | | | | |
| How many times a month do you go out with friends or stay out after 2100? | | | | | | | | |  |
| On average, I spend the following amount of time outdoors in daylight (without a roof above my head):  On work days: \_\_\_\_\_\_\_\_hours \_\_\_\_\_\_\_\_minutes On free days: \_\_\_\_\_\_\_\_\_hours \_\_\_\_\_\_\_\_\_minutes | | | | | | | | | |
| I wear sunglasses when outside: ◻ Almost always ◻ Half of the time ◻ Occasionally ◻ Rarely ◻ Never | | | | | | | | | |