

Daily survey (example)

The goal of this survey is to find out about your experience in terms of symptoms and general well-being throughout the past day. We also inquire about the activities you did throughout the day.

It is important that you answer all questions as truthfully as possible. It is advised to fill in the survey on the day itself, for example, every night before bed. If any of the questions are not entirely clear, please do not hesitate to contact us, so we can clarify further. We would like to thank you in advance for your participation in our study.

***Required**

1. For which day are you filling in the survey? *

Mark only one oval.

- ☐ Today *Skip to question 3*
- ☐ Yesterday *Skip to question 3*
- ☐ Before yesterday *Skip to question 2*

Date

2. I am filling in the survey for... *

Example: 7 January

Continuity

3. Did you remove the monitor for a certain period of time (multiple answers are allowed)? *

Tick all that apply.

- ☐ No
- ☐ Yes, in the morning (before 12:00)
- ☐ Yes, in the afternoon (between 12:00 and 18:00)
- ☐ Yes, in the evening (after 18:00)

Sleep and daily activities

4. How was your sleep quality the previous night? *

Mark only one oval.

	1	2	3	4	5	
Very bad / way too little	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very good

5. Did you have a free day? For example, a weekend day on which you did not go to work. *

Mark only one oval.

- ☐ Yes Skip to question 6
- ☐ No Skip to question 10

Free day

6. How much relaxation did you have this day? *

Mark only one oval.

	1	2	3	4	5	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot

7. How would you describe these relaxing activities? If you did not do any relaxing activities, leave this question open.

Tick all that apply.

- ☐ Sports (e.g. running, intensive bike ride, workout,...)
- ☐ Physical activities (e.g. working in the garden, odd jobs, walk,...)
- ☐ Digital (e.g. watching TV, social media, gaming,...)
- ☐ Resting (e.g. meditation, listening to music, napping,...)
- ☐ Music (e.g. practicing an instrument)
- ☐ Meeting up (e.g. with friends, family,...)
- ☐ Reading

Other: ☐ _____

8. How well-rested do you feel after your free day? *

Mark only one oval.

	1	2	3	4	5	
I do not feel well-rested at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel very well-rested

9. Use this field to specify any activities you did on this day which are worth noting (for example, because they had a big impact on your mood).

Skip to question 16

**Daily
activities**

In this section, we question the main activities that made up your day. Please indicate the main activity that is closest to what you did during that part of the day.

10. How would you describe your main activity in the morning (8:00 - 12:00)? *

Mark only one oval.

- ☐ Work from home
- ☐ Work (not from home)
- ☐ Relaxation
- ☐ Other: _____

11. How would you describe your main activity in the afternoon (12:00 - 18:00)? *

Mark only one oval.

- ☐ Work from home
- ☐ Work (not from home)
- ☐ Relaxation
- ☐ Other: _____

12. How would you describe your main activity in the evening (after 18:00)? *

Mark only one oval.

- ☐ Work from home
- ☐ Work (not from home)
- ☐ Relaxation
- ☐ Other: _____

13. How much relaxation did you have this day? *

Mark only one oval.

	1	2	3	4	5	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot

14. How would you describe these relaxing activities? If you did not do any relaxing activities, leave this question open.

Tick all that apply.

- ☐ Sports (e.g. running, intensive bike ride, workout,...)
- ☐ Physical activities (e.g. working in the garden, odd jobs, walk,...)
- ☐ Digital (e.g. watching TV, social media, gaming,...)
- ☐ Resting (e.g. meditation, listening to music, napping,...)
- ☐ Music (e.g. practicing an instrument)
- ☐ Meeting up (e.g. with friends, family,...)
- ☐ Reading

Other: ☐ _____

15. Use this field to specify any activities you did on this day which are worth noting (for example, because they had a big impact on your mood).

Physical
indicators

Please answer the following questions by providing a score out of 5, for every part of the day. For every question, we indicate how a certain score should be interpreted.

16. How intense was your day, physically? (1 = not intense at all, 5 = very intense) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How fatigued did you feel? (1 = not fatigued at all, 5 = very fatigued) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How much pain did you experience? (1 = no pain at all, 5 = a lot of pain) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental indicators

Please answer the following questions by providing a score out of 5, for every part of the day. For every question, we indicate how a certain score should be interpreted.

19. How intense was your day, mentally? (1 = not intense at all, 5 = very intense) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How satisfied did you feel with what you achieved during this day? (1 = not satisfied at all, 5 = very satisfied) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How would you rate your general mood? (1 = very bad, 5 = very good) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How much stress did you experience? (1 = no stress at all, 5 = a lot of stress) *

Mark only one oval per row.

	1	2	3	4	5
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional questions

23. Use this field to report on anything out of the ordinary that happened this day (e.g. illness, a very bad night's sleep, a big setback).

24. Did you take any extra medication on this day (medication which is not part of your daily dose)? If yes, please indicate which medication, around what time and how much.

25. Please provide an indication of your alcohol use throughout the day. *

Mark only one oval per row.

	None	Less than the average day	Like the average day	More than the average day
Morning (± 08:00 - 12:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (± 12:00 - 18:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (± 18:00 - 23:00)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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