

CS 535 PROJECT INSTRUMENTS

Studying the Impact of Meditation Apps on Sleep Quality

1. Pre-Study Questionnaire (Day 0)

Purpose: Establish baseline sleep habits and meditation experience.

Demographics & Sleep History

1. Age: _____
2. Gender: _____
3. Do you have any diagnosed sleep disorders? (Yes / No)
4. How many hours do you usually sleep per night? (_____ hours)
5. How often do you wake up during the night? (Never / Occasionally / Frequently)
6. On a scale of 1-10, how would you rate your sleep quality? (1 = Very Poor, 10 = Excellent)

Meditation Experience & Expectations

7. Have you ever used meditation for sleep? (Yes / No)
 8. If yes, which type of meditation have you used? (Guided voice / Music-based / Other)
 9. On a scale of 1-10, how effective do you think meditation is for sleep improvement?
 10. Which meditation technique do you expect to prefer? (Guided voice / Music-based / No preference)
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2. Daily Sleep & Meditation Tracking Survey (Days 1-10, completed every morning)

Purpose: Track subjective sleep quality, and meditation preferences.

For ALL Days (Baseline & Intervention Phase) Sample Questions

1. On a scale of 1-10, how well did you sleep? (1 = Very Poor, 10 = Excellent)
2. Do you feel well-rested this morning? (Yes / No)

For Intervention Phase (Days 6-10 only) Sample questions:

7. Which meditation type did you use last night?
 - Guided voice meditation

- Music-based relaxation
 - Skipped meditation
8. How helpful was the meditation for your sleep? (1 = Not at all, 10 = Very effective)
 9. Would you like to switch to a different meditation type tonight? Why? (Open-ended)
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3. Post-Study Questionnaire (Day 10)

Purpose: Analyze overall trends in sleep quality and meditation preferences.

Sleep Quality Changes

1. On a scale of 1-10, how would you rate your sleep quality now compared to before the study?
2. Did you notice any improvements in your sleep onset or deep sleep duration? (Yes / No)
3. Which nights did you feel you slept best? (Baseline / Meditation / No difference)

Meditation Preferences

4. Which meditation technique did you prefer? (Guided voice / Music-based)
5. Did your preference change over time? (Yes / No)
6. If yes, what influenced your change in preference? (Relaxation effect, ease of use, engagement, etc.)
7. Would you continue using meditation before sleep? (Yes / No)

Open-Ended Questions

8. What aspects of the meditation experience did you find most beneficial?
9. What difficulties did you experience while following the meditation routine?
10. Any additional comments or suggestions?