

Intake questionnaire

Please complete the survey below.

Thank you!

What is your age in years?

This information is just used to later on describe the characteristics of the participants.

What sex were you assigned at birth, on your original birth certificate?

- ☐ Female
☐ Male
☐ Intersex
☐ Prefer not to answer

This information is just used to later on describe the characteristics of the participants.

Enter your email address for receiving the MyCap link

Log a new activity

Log a new activity everytime you start it

| | |
|--|--|
| Wear type | <input type="radio"/> Wear-time <input type="radio"/> Non-wear time <input type="radio"/> Bedtime (not wearing light logger) |
| Are you wearing the light logger at the moment? | |
| Are you alone or with others? | <input type="radio"/> Alone <input type="radio"/> With others |
| Wear activity | <input type="radio"/> Sedentary (mostly sitting: desk work, TV) <input type="radio"/> Light activity (easy movement: slow walk, light chores) <input type="radio"/> Moderate activity (brisk walk, easy cycling) <input type="radio"/> High-intensity activity (running, fast cycling, vigorous sports) |
| Non-wear activity | <input type="radio"/> Left in a drawer or cabinet, or other stationary dark place <input type="radio"/> Left in a bag, or other mobile dark place <input type="radio"/> Left on a table or other surface with varying light exposure <input type="radio"/> Other |
| Where was the light logger when you were asleep? | <input type="radio"/> Facing upward on bedside table <input type="radio"/> Facing downward on bedside table <input type="radio"/> Other |
| Select the setting | <input type="radio"/> Indoors (completely inside building or enclosed space) <input type="radio"/> Outdoors (completely outside, exposed to the open air) <input type="radio"/> Indoor-outdoor setting (transitional spaces, including vehicles and partially covered areas) |
| Indoors setting | <input type="radio"/> Home <input type="radio"/> Working space <input type="radio"/> Learning facility <input type="radio"/> Retail, food or services facility <input type="radio"/> Health facility <input type="radio"/> Leisure space (sports, recreation, entertainment) <input type="radio"/> Other |
| Indoors setting (home) | <input type="radio"/> Home office <input type="radio"/> Bedroom <input type="radio"/> Kitchen <input type="radio"/> Bathroom <input type="radio"/> Living room <input type="radio"/> Parking garage <input type="radio"/> Other |
| Indoors setting (working space) | <input type="radio"/> Open-plan office area <input type="radio"/> Conference/meeting room <input type="radio"/> Break/lounge area <input type="radio"/> Personal workspace/desk <input type="radio"/> Corridor <input type="radio"/> Parking garage <input type="radio"/> Other |

| | |
|--|--|
| Indoors setting (learning facility) | <input type="radio"/> Classroom <input type="radio"/> Lecture hall <input type="radio"/> Studio <input type="radio"/> Cafeteria <input type="radio"/> Library <input type="radio"/> Laboratory <input type="radio"/> Other |
| Indoors setting (retail facility) | <input type="radio"/> Shopping mall <input type="radio"/> Convenience store/supermarkt <input type="radio"/> Restaurant/cafeteria/bakery <input type="radio"/> Bank/ATM <input type="radio"/> Office supply store <input type="radio"/> Other |
| Indoors setting (health facility) | <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> Dentist <input type="radio"/> Drug store <input type="radio"/> Other |
| Indoors setting (leisure space) | <input type="radio"/> Gym/fitness centre <input type="radio"/> Sprots court <input type="radio"/> Swimming pool <input type="radio"/> Spa/wellness centre <input type="radio"/> Cinema/movie theatre <input type="radio"/> Other |
| Outdoors setting | <input type="radio"/> Home <input type="radio"/> Working space <input type="radio"/> Learning facility <input type="radio"/> Retail, food or services facility <input type="radio"/> Health facility <input type="radio"/> Leisure space (sports, recreation, entertainment) <input type="radio"/> Other |
| Indoors-outdoors setting | <input type="radio"/> Covered patio or terrace <input type="radio"/> Semi-open corridor/gallery <input type="radio"/> Balcony <input type="radio"/> Veranda <input type="radio"/> Atrium <input type="radio"/> Transportation (car/taxi) <input type="radio"/> Transportation (bus or commuter/regional rail) <input type="radio"/> Transportation (long-distance train) <input type="radio"/> Transportation (underground, subway) <input type="radio"/> Transportation (airplane) <input type="radio"/> Transportation (bike) <input type="radio"/> Transportation (ferry) <input type="radio"/> Other |
| Select lighting setting (daylight) | <input type="checkbox"/> Outdoors (direct sunlight) <input type="checkbox"/> Outdoors (in shade / cloudy) <input type="checkbox"/> Indoors (near window / exposed to daylight) <input type="checkbox"/> Indoors (away from window) |
| Select lighting setting (electric light) | <input type="checkbox"/> Lights are switched on <input type="checkbox"/> Low-light or dimmed lights <input type="checkbox"/> Completed darkness |

Select lighting setting (screen use)

- ☐ Smartphone
☐ Tablet
☐ Computer
☐ Television
-

Were the lighting conditions in this setting self-selected (i.e., you had control over lighting intensity, spectrum, or exposure)?

- ☐ Yes, fully self-selected (e.g., adjusting lights at home or in a private office, moving to shaded area)
☐ Partly self-selected (e.g., some control such as opening blinds or switching a desk lamp, but not over main lighting)
☐ Not self-selected (e.g., public transport, shared office, classroom, hospital, airplane, etc.)
☐ Not applicable
-

Open-ended comments

Install Date

Install Date (UTC)

Participant Timezone

Participant Code

UUID

Start Date

End Date

Schedule Date

Status

- ☐ Deleted
☐ Completed
☐ Incomplete
-

Supplemental Data (JSON)

Serialized Result

Post participation survey

Please complete the survey below.

Thank you!

Email address for tracking

Confidence in complete logging

☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ 5

On a scale from 1 (not at all confident) to 5 (completely confident), how confident are you that you logged your activities and light exposure every time you were supposed to?

Behaviour change

☐ Yes, significantly ☐ Yes, somewhat
☐ No

Did you change your usual routine or behaviour because you were participating in this event?

If yes, please describe briefly

Situations where logging was difficult

Were there specific times, activities, or situations when you could not log or found it hard to log?

Other feedback

Any other comments, suggestions, or issues you'd like to share about the logging experience (e.g., clarity of instructions, technical problems, improvements)?

Travel across time zones

☐ Yes ☐ No

During the logging period: Did you travel across time zones?

Travel across time zones

If yes, please list departure time zone(s):

Travel across time zones

Arrival time zone(s):

Travel across time zones

Approximate dates/time of travel:

Location information**Please provide your main location(s) during the logging day:**

City and country

Location information**Latitude and longitude (approximate is fine, e.g., from your phone's map app):**

Latitude

Longitude

Device information

Please complete the survey below.

Thank you!

| | |
|-----------|--|
| Device ID | |
|-----------|--|

Detailed time zone changes

Please complete the survey below.

Thank you!

TZ identifier (start)

Time start

TZ identifier (end)

Time start

Flight number
