## **■** Data Dictionary Codebook

08-02-2024 15:51

| #    | Variable / Field<br>Name                              | Field Label Field Note                                                                                                             | Field Attributes (Field Type,<br>Validation, Choices, Calculations,<br>etc.)                          |  |
|------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Inst | Instrument: Form 1 (form_1) 🔄 Enabled as survey       |                                                                                                                                    |                                                                                                       |  |
| 1    | [record_id]                                           | Record ID                                                                                                                          | text                                                                                                  |  |
| 2    | [form_1_complete]                                     | Section Header: Form Status Complete?                                                                                              | dropdown  0 Incomplete  1 Unverified  2 Complete                                                      |  |
| Inst | trument: Exercise d                                   | iary (exercise_diary) 🔄 Enabled as surv                                                                                            | ey                                                                                                    |  |
| 3    | [instructions]                                        | Please answer the following questions about the physical activity and/or sports you performed during the last day.  Please confirm | radio, Required  1 Yes                                                                                |  |
| 4    | [intensity]                                           | My day involved the following type of physical                                                                                     | radio, Required                                                                                       |  |
| 4    | [intensity]                                           | activity                                                                                                                           | 1 Vigorous (causing large increases in heart rate and breathing, e.g. running)                        |  |
|      |                                                       |                                                                                                                                    | 2 Moderate (causing moderate increases in heart rate and breathing, e.g. cycling in the city)         |  |
|      |                                                       |                                                                                                                                    | 3 Light (causing small to no increases in heart rate and breathing, e.g. taking a stroll in the park) |  |
|      |                                                       |                                                                                                                                    | 4 None of the above, I did not perform any type of physical activity                                  |  |
| 5    | [location]                                            | I performed physical activity                                                                                                      | radio, Required                                                                                       |  |
|      | Show the field ONLY if:                               | or [int                                                                                                                            | 1 Outdoors (e.g. running, cycling in the city)                                                        |  |
|      | [intensity] = '1' or [int<br>ensity] = '2' or [intens |                                                                                                                                    | 2 Indoors (e.g. gym or home workout)                                                                  |  |
|      | ity] = '3'                                            |                                                                                                                                    | 3 Both indoors and outdoors                                                                           |  |
|      |                                                       |                                                                                                                                    | Field Annotation: [exercise_intensity] = 1 or 2 or 3                                                  |  |

| 6    | [type] Show the field ONLY if: [intensity] = '1' or [int ensity] = '2' or [intens ity] = '3' | Please indicate which type of physical activity/activities you engaged with                                                    | notes, Required                                                                   |
|------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 7    | [commute]                                                                                    | How much time did you spend walking and/or cycling to get to and from places? Please answer in minutes                         | text (number), Required                                                           |
| 8    | [sedentary]                                                                                  | How much time did you spend sitting or reclining? Please answer in minutes                                                     | text (number), Required                                                           |
| 9    | [uuid_3]                                                                                     | Section Header: MyCap App Fields - Do Not Modify UUID                                                                          | text<br>Field Annotation: @MC-TASK-UUID                                           |
| 10   | [startdate_3]                                                                                | Start Date                                                                                                                     | text<br>Field Annotation: @MC-TASK-<br>STARTDATE                                  |
| 11   | [enddate_3]                                                                                  | End Date                                                                                                                       | text<br>Field Annotation: @MC-TASK-ENDDATE                                        |
| 12   | [scheduledate_3]                                                                             | Schedule Date                                                                                                                  | text Field Annotation: @MC-TASK- SCHEDULEDATE                                     |
| 13   | [status_3]                                                                                   | Status                                                                                                                         | dropdown  0 Deleted  1 Completed  2 Incomplete  Field Annotation: @MC-TASK-STATUS |
| 14   | [supplementaldata_<br>3]                                                                     | Supplemental Data (JSON)                                                                                                       | notes<br>Field Annotation: @MC-TASK-<br>SUPPLEMENTALDATA                          |
| 15   | <pre>[serializedresult_ 3]</pre>                                                             | Serialized Result                                                                                                              | file Field Annotation: @MC-TASK- SERIALIZEDRESULT                                 |
| 16   | <pre>[exercise_diary_com plete]</pre>                                                        | Section Header: Form Status Complete?                                                                                          | dropdown 0 Incomplete 1 Unverified 2 Complete                                     |
| Inst | Instrument: Wellbeing diary (wellbeing_diary) 🔄 Enabled as survey                            |                                                                                                                                |                                                                                   |
| 17   | <pre>[introduction_wellb eing]</pre>                                                         | Please indicate for each of the five statements which is closest to how you have been feeling over the last day.Please confirm | radio, Required  1 Yes  Custom alignment: RH                                      |

| 18 | [who5_1998_1]                           | I have felt cheerful and in good spirits         | radio, Required                 |
|----|-----------------------------------------|--------------------------------------------------|---------------------------------|
| 10 | [ WIIO3_1998_1 ]                        | Thave felt theerful and in good spirits          | 5 All of the time               |
|    |                                         |                                                  | 4 Most of the time              |
|    |                                         |                                                  | 3 More than half of the time    |
|    |                                         |                                                  | 2 Less than half of the time    |
|    |                                         |                                                  |                                 |
|    |                                         |                                                  |                                 |
|    |                                         |                                                  | 0 At no time                    |
| 19 | [who5_1998_2]                           | I have felt calm and relaxed                     | radio, Required                 |
|    |                                         |                                                  | 5 All of the time               |
|    |                                         |                                                  | 4 Most of the time              |
|    |                                         |                                                  | 3 More than half of the time    |
|    |                                         |                                                  | 2 Less than half of the time    |
|    |                                         |                                                  | 1 Some of the time              |
|    |                                         |                                                  | 0 At no time                    |
| 20 | [who5_1998_3]                           | I have felt active and vigorous                  | radio, Required                 |
|    |                                         |                                                  | 5 All of the time               |
|    |                                         |                                                  | 4 Most of the time              |
|    |                                         |                                                  | 3 More than half of the time    |
|    |                                         |                                                  | 2 Less than half of the time    |
|    |                                         |                                                  | 1 Some of the time              |
|    |                                         |                                                  | 0 At no time                    |
| 21 | [who5_1998_4]                           | How would you rate the quality of your sleep     | radio, Required                 |
|    |                                         | last night?                                      | 1 Very poor                     |
|    |                                         |                                                  | 2 Poor                          |
|    |                                         |                                                  | 3 Fair                          |
|    |                                         |                                                  | 4 Good                          |
|    |                                         |                                                  | 5 Very good                     |
| 22 | [who5_1998_5]                           | My daily life has been filled with things that   | radio, Required                 |
|    |                                         | interest me                                      | 5 All of the time               |
|    |                                         |                                                  | 4 Most of the time              |
|    |                                         |                                                  | 3 More than half of the time    |
|    |                                         |                                                  | 2 Less than half of the time    |
|    |                                         |                                                  | 1 Some of the time              |
|    |                                         |                                                  | 0 At no time                    |
| 23 | [uuid_2]                                | Section Header: MyCap App Fields - Do Not Modify | text                            |
| 23 | [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ | UUID                                             | Field Annotation: @MC-TASK-UUID |
|    |                                         |                                                  |                                 |

| 24   | [startdate_2]                          | Start Date                                                                                                                                                                                                                                                                         | text<br>Field Annotation: @MC-TASK-<br>STARTDATE                                                                      |
|------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 25   | [enddate_2]                            | End Date                                                                                                                                                                                                                                                                           | text<br>Field Annotation: @MC-TASK-ENDDATE                                                                            |
| 26   | [scheduledate_2]                       | Schedule Date                                                                                                                                                                                                                                                                      | text Field Annotation: @MC-TASK- SCHEDULEDATE                                                                         |
| 27   | [status_2]                             | Status                                                                                                                                                                                                                                                                             | dropdown  0 Deleted  1 Completed  2 Incomplete  Field Annotation: @MC-TASK-STATUS                                     |
| 28   | [supplementaldata_<br>2]               | Supplemental Data (JSON)                                                                                                                                                                                                                                                           | notes<br>Field Annotation: @MC-TASK-<br>SUPPLEMENTALDATA                                                              |
| 29   | [serializedresult_<br>2]               | Serialized Result                                                                                                                                                                                                                                                                  | file<br>Field Annotation: @MC-TASK-<br>SERIALIZEDRESULT                                                               |
| 30   | <pre>[wellbeing_diary_co mplete]</pre> | Section Header: Form Status  Complete?                                                                                                                                                                                                                                             | dropdown  0 Incomplete  1 Unverified  2 Complete                                                                      |
| Inst | rument: Light expo                     | sure diary (light_exposure_diary) 🛂 E                                                                                                                                                                                                                                              | nabled as survey                                                                                                      |
| 31   | [mhla_confirm]                         | Please complete the light exposure diary on paper before going to bed and upload a picture to the shared folder emailed to you on the first day of the experiment. If you are unsure where to find this, email carolina.guidolin@tuebingen.mpg.de Please confirm that you did this | radio, Required  1 Yes                                                                                                |
| 32   | [mhlea_confidence]                     | How sure are you about the light exposure categories you chose?                                                                                                                                                                                                                    | radio  1 Not confident at all  2 Slightly confident  3 Somewhat confident  4 Fairly confident  5 Completely confident |
| 33   | [uuid]                                 | Section Header: MyCap App Fields - Do Not Modify UUID                                                                                                                                                                                                                              | text<br>Field Annotation: @MC-TASK-UUID                                                                               |
| 34   | [startdate]                            | Start Date                                                                                                                                                                                                                                                                         | text<br>Field Annotation: @MC-TASK-                                                                                   |

| 24, 3.5 | I F IVI                                     | Evening dialies   REDCap              |                                                                                   |
|---------|---------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------|
|         |                                             |                                       | STARTDATE                                                                         |
| 35      | [enddate]                                   | End Date                              | text Field Annotation: @MC-TASK-ENDDATE                                           |
| 36      | [scheduledate]                              | Schedule Date                         | text Field Annotation: @MC-TASK- SCHEDULEDATE                                     |
| 37      | [status]                                    | Status                                | dropdown  0 Deleted  1 Completed  2 Incomplete  Field Annotation: @MC-TASK-STATUS |
| 38      | [supplementaldata]                          | Supplemental Data (JSON)              | notes Field Annotation: @MC-TASK- SUPPLEMENTALDATA                                |
| 39      | [serializedresult]                          | Serialized Result                     | file Field Annotation: @MC-TASK- SERIALIZEDRESULT                                 |
| 40      | <pre>[light_exposure_dia ry_complete]</pre> | Section Header: Form Status Complete? | dropdown  0 Incomplete  1 Unverified  2 Complete                                  |