■ Data Dictionary Codebook

08-02-2024 15:51

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Ins	trument: Your Ligh	nt Behaviour (LEBA) (your_light_behaviou	r_leba) 🛂 Enabled as survey
1	[record_id]	Record ID	text
2	[leba_f2_04]	I spend 30 minutes or less per day (in total) outside.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
3	[leba_f2_05]	I spend between 30 minutes and 1 hour per day (in total) outside.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
4	[leba_f2_06]	I spend between 1 and 3 hours per day (in total) outside.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
5	[leba_f2_07]	I spend more than 3 hours per day (in total) outside.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
6	[leba_f2_08]	I spend as much time outside as possible.	radio, Required 1 Never 2 Rarely

7	[leba_f2_09]	I go for a walk or exercise outside within 2 hours after waking up.	3 Sometimes 4 Often 5 Always radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
8	[leba_f3_10]	I use my mobile phone within 1 hour before attempting to fall asleep.Note: this does not include the time spent filling in the questionnaires.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
9	[leba_f3_11]	I look at my mobile phone screen immediately after waking up.Note: this does not include the time spent filling in the questionnaires.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
10	[leba_f3_12]	I check my phone when I wake up at night.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
11	[leba_f3_13]	I look at my smartwatch within 1 hour before attempting to fall asleep.Note: please answer with regard to your personal smartwatch (if you own one), not the one actimeter given to you for the study	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

12	[leba_f3_14]	I look at my smartwatch when I wake up at night.Note: please answer with regard to your personal smartwatch (if you own one), not the one actimeter given to you for the study	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
13	[leba_f4_15]	I dim my mobile phone screen within 1 hour before attempting to fall asleep.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
14	[leba_f4_16]	I use a blue-filter app on my computer screen within 1 hour before attempting to fall asleep.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
15	[leba_f4_17]	I use as little light as possible when I get up during the night.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
16	[leba_f4_18]	I dim my computer screen within 1 hour before attempting to fall asleep.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
17	[leba_f5_19]	I use tunable lights to create a healthy light environment.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

18	[leba_f5_20]	I use LEDs to create a healthy light environment.	radio, Required 1 Never 2 Rarely 3 Sometimes
			4 Often 5 Always
19	[leba_f5_21]	I use a desk lamp when I do focused work.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
20	[leba_f5_22]	I use an alarm with a dawn simulation light.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
21	[leba_f5_23]	I turn on the lights immediately after waking up.	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
22	<pre>[your_light_behavio ur_leba_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Ins	trument: Your Light	Sensitivity (VLSQ-8) (your_light_sensitiv	ity_vlsq8) 🛂 Enabled as survey
23	[sensitivity]	How often did you have visual light sensitivity outdoors during daylight?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

		, , , ,	•
24	[glare]	How often did you have a sense of glare in your eyes?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
25	[flicker]	How often did you have visual light sensitivity from flickering lights or bright colors?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
26	[sensitivity_severi ty]	Please rate the severity of the worst visual light sensitivity you experienced in the past week.	radio, Required 1 None 2 Mild 3 Moderate 4 Significant 5 Severe
27	[headache]	When you have sensitivity to light, do you also experience headache?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
28	[blurry_vision]	When you have sensitivity to light, how often is your vision blurry?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
29	[ability]	How often does sensitivity to light limit your ability to read, watch TV, or use the computer?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

30	[glasses]	How often did you need to wear dark glasses on cloudy days or indoors?	radio, Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
31	<pre>[your_light_sensiti vity_vlsq8_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: Your Sleep	Environment (ASE) (your_sleep_environ	ment_ase) 🛂 Enabled as survey
32	[slypos_ase_001]	Has too much light	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
33	[slypos_ase_002]	Is too dark	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
34	[slypos_ase_003]	Is too noisy	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
35	[slypos_ase_004]	Is too quiet	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
36	[slypos_ase_005]	Is too warm	radio, Required 1 Strongly agree 2 Agree 3 Disagree

			4 Strongly disagree
37	[slypos_ase_006]	Is too cool	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
38	[slypos_ase_007]	Is too humid	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
39	<pre>[slypos_ase_attenti oncheck]</pre>	We want to make sure that you are paying attention. Please select "Strongly disagree" here.	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
40	[slypos_ase_008]	Has an uncomfortable smell	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
41	[slypos_ase_009]	Has uncomfortable pillows or blankets	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
42	[slypos_ase_010]	Has a mattress or other sleeping surface that is too firm	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
43	[slypos_ase_011]	Has a mattress or other sleeping surface that is too soft	radio, Required 1 Strongly agree 2 Agree 3 Disagree

			4 Strongly disagree
44	[slypos_ase_012]	Has a mattress or other sleeping surface that is uncomfortable for another reason	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
45	[slypos_ase_0123]	Does not feel safe or secure	radio, Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
46	<pre>[your_sleep_environ ment_ase_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
		ses acceptability (modified TFA accept ility_modified_tfa_acceptabi)	
47	[affective_attitud e]	How comfortable did you feel while wearing the light glasses?	radio, Required 1 Very uncomfortable 2 Uncomfortable 3 No opinion 4 Comfortable 5 Very comfortable
48	[burden]	How much effort did it take to wear and use the light glasses during the 7 days?	radio, Required 1 No effort at all 2 A little effort 3 No opinion 4 A lot of effort 5 Huge effort
49	[ethicality]	There are moral or ethical consequences to wearing the light glasses	radio, Required 1 Strongly disagree 2 Disagree 3 No opinion 4 Agree 5 Strongly agree

54	<pre>ity] [light_glasses_acce ptability_modified_ tfa_acceptabi_compl ete]</pre>	during the 7 days for you? Section Header: Form Status Complete?	1 Completely unacceptable 2 Unacceptable 3 No opinion 4 Acceptable 5 Completely acceptable dropdown 0 Incomplete 1 Unverified 2 Complete
54			2 Unacceptable 3 No opinion 4 Acceptable
53	[general_acceptabil	How acceptable was wearing the light glasses	radio, Required
	[opportunity_costs]	Wearing the light glasses interfered with my other priorities	radio, Required 1 Strongly disagree 2 Disagree 3 No opinion 4 Agree 5 Strongly agree
52	[self_efficacy]	How confident did you feel while wearing the light glasses?	radio, Required 1 Very unconfident 2 Unconfident 3 No opinion 4 Confident 5 Very confident
	[intervention_coher ence]	It is clear to me how wearing the light glasses will help inform my light exposure	radio, Required 1 Strongly disagree 2 Disagree 3 No opinion 4 Agree 5 Strongly agree
	<pre>[perceived_effectiv eness]</pre>	Wearing light glasses can measure individuals' light exposure in their daily life	radio, Required 1 Strongly disagree 2 Disagree 3 No opinion 4 Agree 5 Strongly agree

24, 3.31	I I IVI	Cyel i Dayo Questionnalles IV	ССАР
56	[glasses_use]	Do you usually use prescription or non- prescription glasses? Please answer with regard to your daily life, not to the experimental week	yesno, Required 1 Yes 0 No
57	[general_feeling]	How did you feel about wearing the light glasses throughout the experiment?	notes, Required
58	[challenges]	Can you describe any challenges or discomfort you experienced while wearing the light glasses? How did you cope with them?	notes, Required
59	[act_impact]	In what situations did you notice the light glasses having the most impact on your daily activities or behavior?	notes, Required
60	[beh_adapt]	How did you adapt your behaviour, if at all, because of the light glasses? Please provide some examples.	notes, Required
61	[social]	Were there any social situations or interactions where the presence of the light glasses caused curiosity, feedback and/or other reactions?	notes, Required
62	[improvements]	Can you share any suggestions or improvements for the design or functionality of the light glasses (comprising the sensor and the glasses) for future experiments?	notes, Required
63	<pre>[light_glasses_eval uation_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete