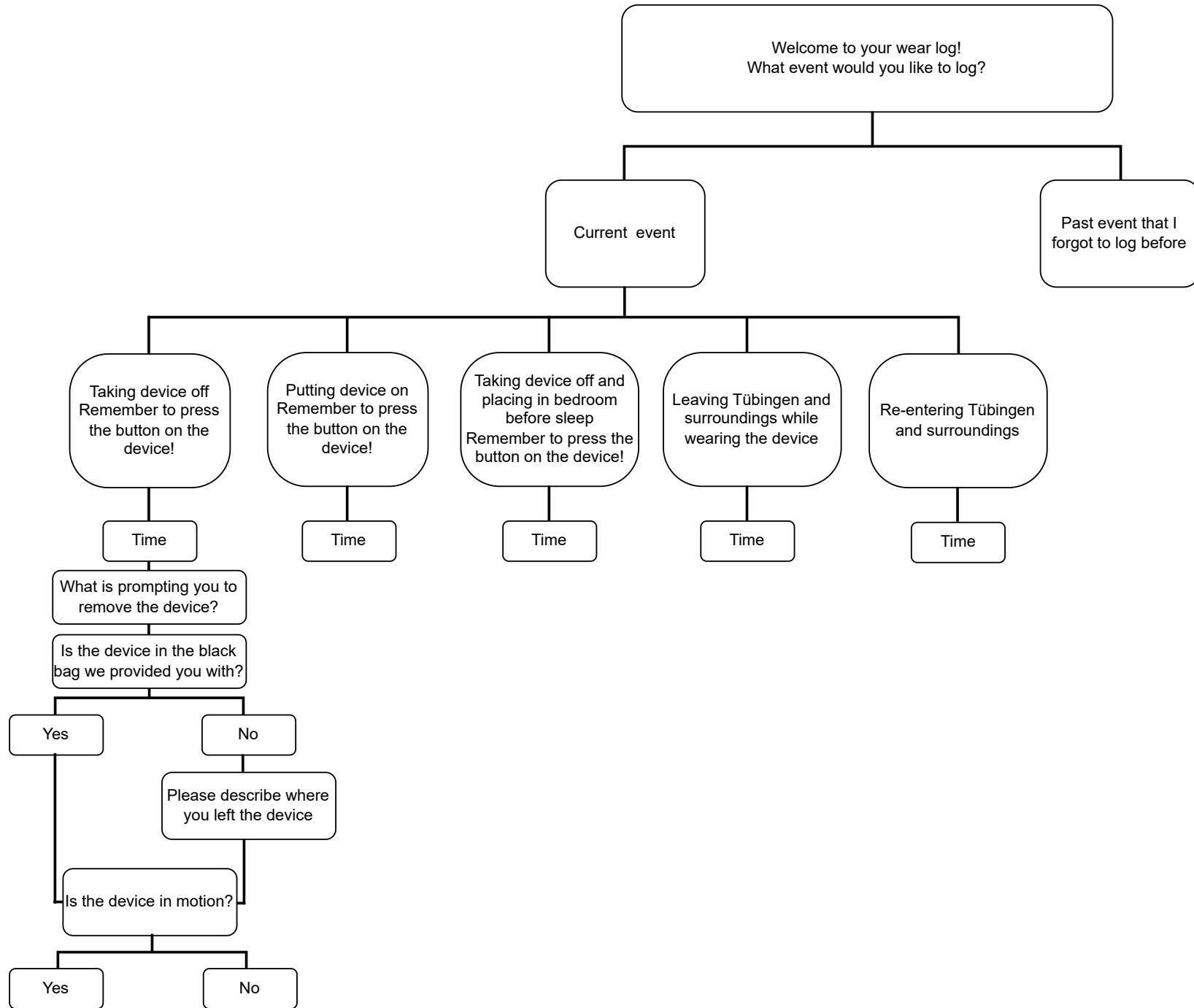


A Wear log



Data Dictionary Codebook

04-09-2025 16:44

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | | | | | | | | | |
|--|---|---|--|---|------------------------------|---|--|---|---|---|---|---|---|---|--|---|---|
| Instrument: Form 1 (form_1)  Enabled as survey | | | | | | | | | | | | | | | | | |
| 1 | [record_id] | Record ID | text | | | | | | | | | | | | | | |
| 2 | [form_1_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1" data-bbox="1052 591 1248 749"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | |
| Instrument: Wear log (wear_log)  Enabled as survey | | | | | | | | | | | | | | | | | |
| 3 | [wearlog_type] | Welcome to your wear log! What event would you like to log? | radio, Required <table border="1" data-bbox="1052 865 1525 1013"> <tr><td>0</td><td>Current event</td></tr> <tr><td>1</td><td>Past event that I forgot to log before</td></tr> </table> | 0 | Current event | 1 | Past event that I forgot to log before | | | | | | | | | | |
| 0 | Current event | | | | | | | | | | | | | | | | |
| 1 | Past event that I forgot to log before | | | | | | | | | | | | | | | | |
| 4 | [wearlog_event] Show the field ONLY if: [wearlog_type] = '0' | What specific event do you want to log? | radio, Required <table border="1" data-bbox="1052 1066 1525 1731"> <tr><td>0</td><td>Taking the light glasses off</td></tr> <tr><td>1</td><td>Putting the light glasses on</td></tr> <tr><td>2</td><td>Taking the light glasses off and placing them on nightstand following the instructions before sleep</td></tr> <tr><td>3</td><td>Leaving Munich's surroundings (50km radius) while wearing the light glasses</td></tr> <tr><td>4</td><td>Coming back to Munich or its surroundings (50km radius)</td></tr> <tr><td>5</td><td>Putting the light glasses on for the first time at GBR</td></tr> <tr><td>6</td><td>Taking the light glasses off for the last time at GBR</td></tr> </table> | 0 | Taking the light glasses off | 1 | Putting the light glasses on | 2 | Taking the light glasses off and placing them on nightstand following the instructions before sleep | 3 | Leaving Munich's surroundings (50km radius) while wearing the light glasses | 4 | Coming back to Munich or its surroundings (50km radius) | 5 | Putting the light glasses on for the first time at GBR | 6 | Taking the light glasses off for the last time at GBR |
| 0 | Taking the light glasses off | | | | | | | | | | | | | | | | |
| 1 | Putting the light glasses on | | | | | | | | | | | | | | | | |
| 2 | Taking the light glasses off and placing them on nightstand following the instructions before sleep | | | | | | | | | | | | | | | | |
| 3 | Leaving Munich's surroundings (50km radius) while wearing the light glasses | | | | | | | | | | | | | | | | |
| 4 | Coming back to Munich or its surroundings (50km radius) | | | | | | | | | | | | | | | | |
| 5 | Putting the light glasses on for the first time at GBR | | | | | | | | | | | | | | | | |
| 6 | Taking the light glasses off for the last time at GBR | | | | | | | | | | | | | | | | |
| 5 | [wearlog_off] Show the field ONLY if: [wearlog_event] = '0' | Remember to press the button on the light glasses! Time of taking light glasses off: | text (datetime_dmy), Required | | | | | | | | | | | | | | |
| 6 | [reason] | What is prompting you to remove the light glasses? | radio <table border="1" data-bbox="1052 1974 1525 2038"> <tr><td>0</td><td>Sport activity</td></tr> </table> | 0 | Sport activity | | | | | | | | | | | | |
| 0 | Sport activity | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|----|---|---|--|---|--|---|--|---|---|---|---|
| | Show the field ONLY if: [wearlog_event] = '0' | | <table border="1"> <tr><td>1</td><td>Leisure activity where I do not feel comfortable wearing the light glasses (e.g. public space)</td></tr> <tr><td>2</td><td>Activity involving contact with water (e.g., showering or bathing)</td></tr> <tr><td>3</td><td>Discomfort due to wearing the light glasses (e.g. disturbance to eye sight or pain due to weight)</td></tr> <tr><td>4</td><td>Other (please specify)</td></tr> </table> | 1 | Leisure activity where I do not feel comfortable wearing the light glasses (e.g. public space) | 2 | Activity involving contact with water (e.g., showering or bathing) | 3 | Discomfort due to wearing the light glasses (e.g. disturbance to eye sight or pain due to weight) | 4 | Other (please specify) |
| 1 | Leisure activity where I do not feel comfortable wearing the light glasses (e.g. public space) | | | | | | | | | | |
| 2 | Activity involving contact with water (e.g., showering or bathing) | | | | | | | | | | |
| 3 | Discomfort due to wearing the light glasses (e.g. disturbance to eye sight or pain due to weight) | | | | | | | | | | |
| 4 | Other (please specify) | | | | | | | | | | |
| 7 | [wearlog_on] Show the field ONLY if: [wearlog_event] = '1' | Remember to press the button on the light glasses! Time of putting light glasses back on: | text (datetime_dmy), Required | | | | | | | | |
| 8 | [wearlog_bed] Show the field ONLY if: [wearlog_event] = '2' | Remember to press the button on the light glasses! Time of putting light glasses on nightstand or similar surface: | text (datetime_dmy), Required | | | | | | | | |
| 9 | [radius] Show the field ONLY if: [wearlog_event] = '3' | Please specify broadly where you are located during this time (e.g. name of the town/city) | text, Required | | | | | | | | |
| 10 | [wearlog_bag] Show the field ONLY if: [wearlog_event] = '0' | Are the light glasses in the black bag we provided you with? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 11 | [wearlog_place] Show the field ONLY if: [wearlog_bag] = '0' | Please describe where you placed the light glasses (e.g. on kitchen table, in backpack, in drawer). | text, Required | | | | | | | | |
| 12 | [wearlog_motion] Show the field ONLY if: [wearlog_event] = '0' | Are the light glasses in motion (e.g.: in your backpack as you bike, in your pocket, on the bus)? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 13 | [wearlog_past] Show the field ONLY if: [wearlog_type] = '1' | What specific event do you want to log? | radio, Required <table border="1"> <tr><td>0</td><td>Taking the light glasses off</td></tr> <tr><td>1</td><td>Putting the light glasses on</td></tr> <tr><td>2</td><td>Taking the light glasses off and placing them on nightstand following the instructions before sleep</td></tr> <tr><td>3</td><td>Leaving Munich's surroundings (50km radius) while wearing the light glasses</td></tr> </table> | 0 | Taking the light glasses off | 1 | Putting the light glasses on | 2 | Taking the light glasses off and placing them on nightstand following the instructions before sleep | 3 | Leaving Munich's surroundings (50km radius) while wearing the light glasses |
| 0 | Taking the light glasses off | | | | | | | | | | |
| 1 | Putting the light glasses on | | | | | | | | | | |
| 2 | Taking the light glasses off and placing them on nightstand following the instructions before sleep | | | | | | | | | | |
| 3 | Leaving Munich's surroundings (50km radius) while wearing the light glasses | | | | | | | | | | |

| | | | | | | | |
|----|---|---|--|---|-----|---|----|
| | | | 4 Coming back to Munich or its surroundings (50km radius) | | | | |
| | | | 5 Putting the light glasses on for the first time at GBR | | | | |
| | | | 6 Taking the light glasses off for the last time at GBR | | | | |
| 14 | [wearlog_bp] Show the field ONLY if: [wearlog_past] = '0' or [wearlog_past] = '1' or [wearlog_past] = '2' | Did you press the button on the light glasses? | yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No |
| 1 | Yes | | | | | | |
| 0 | No | | | | | | |
| 15 | [wearlog_past_off] Show the field ONLY if: [wearlog_past] = '0' | Time of taking light glasses off (try and be accurate when remembering): | text (datetime_dmy), Required | | | | |
| 16 | [wearlog_past_on] Show the field ONLY if: [wearlog_past] = '1' | Time of putting the light glasses on (try and be accurate when remembering) | text (datetime_dmy), Required | | | | |
| 17 | [wearlog_past_sleep] Show the field ONLY if: [wearlog_past] = '2' | Time of taking light glasses off and placing it on nightstand or similar surface (try to be accurate when remembering): | text (datetime_dmy), Required | | | | |
| 18 | [radius_past_time] Show the field ONLY if: [wearlog_past] = '3' | Please specify at approximately what time you left Munich and its surroundings: | text (datetime_dmy), Required | | | | |
| 19 | [radius_past] Show the field ONLY if: [wearlog_past] = '3' | Please specify broadly where you were located during this time (e.g. name of the town/city) | text, Required | | | | |
| 20 | [radius_past_back] Show the field ONLY if: [wearlog_past] = '4' | Please specify at approximately what time you arrived back in Munich and its surroundings | text (datetime_dmy), Required | | | | |
| 21 | [wearlog_past_bag] Show the field ONLY if: [wearlog_past] = '0' | Were the light glasses in the black bag we provided you with? | yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No |
| 1 | Yes | | | | | | |
| 0 | No | | | | | | |
| 22 | [wearlog_past_location] | Please describe where the light glasses were while you were not wearing them | text, Required | | | | |

A

4/9/25, 4:45 PM

wear log | REDCap

| | | | | | | | | | | |
|---|------------|--|---|---|---|------------|---|------------|---|------------|
| | | Show the field ONLY if: [wearlog_past_bag] = '0' | (e.g.: on kitchen table, in backpack, in drawer) | | | | | | | |
| | 23 | [wearlog_past_motion] Show the field ONLY if: [wearlog_past] = '0' | Were the light glasses in motion? | yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | | |
| 0 | No | | | | | | | | | |
| | 24 | [uuid] | Section Header: <i>MyCap App Fields - Do Not Modify</i> UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| | 25 | [startdate] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| | 26 | [enddate] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| | 27 | [scheduledate] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| | 28 | [status] | Status | dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Deleted</td></tr> <tr> <td>1</td><td>Completed</td></tr> <tr> <td>2</td><td>Incomplete</td></tr> </table> Field Annotation: @MC-TASK-STATUS | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | | |
| 1 | Completed | | | | | | | | | |
| 2 | Incomplete | | | | | | | | | |
| | 29 | [supplementaldata] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| | 30 | [serializedresult] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| | 31 | [wear_log_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | | |
| 1 | Unverified | | | | | | | | | |
| 2 | Complete | | | | | | | | | |

Data Dictionary Codebook

04-09-2025 16:59

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | | | | | |
|---|-----------------------|--|---|---|------------|---|------------|---|----------|---|------|---|-----------|
| Instrument: Form 1 (form_1)  Enabled as survey | | | | | | | | | | | | | |
| 1 | [record_id] | Record ID | text | | | | | | | | | | |
| 2 | [form_1_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1" data-bbox="1052 601 1248 749"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | |
| 0 | Incomplete | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | |
| Instrument: Morning sleep diary (morning_sleep_diary)  Enabled as survey | | | | | | | | | | | | | |
| 3 | [bedtime] | What time did you get into bed? | text (datetime_dmy), Required | | | | | | | | | | |
| 4 | [sleep] | What time did you try to go to sleep? | text (datetime_dmy), Required | | | | | | | | | | |
| 5 | [sleepdelay] | How long did it take you to fall asleep? Please answer in minutes <i>If this was past midnight please use today's date!</i> | text (number), Required | | | | | | | | | | |
| 6 | [awakenings] | How many times did you wake up, not counting your final awakening? | text (number), Required | | | | | | | | | | |
| 7 | [awake_duration] | In total, how long did these awakenings last? Please answer in minutes | text (number) | | | | | | | | | | |
| 8 | [offset] | What time was your final awakening? i.e. when did you wake up today? | text (datetime_dmy), Required | | | | | | | | | | |
| 9 | [out_ofbed] | What time did you get out of bed for the day? | text (datetime_dmy), Required | | | | | | | | | | |
| 10 | [sleepquality] | How would you rate the quality of your sleep? | radio, Required <table border="1" data-bbox="1052 1467 1248 1721"> <tr><td>1</td><td>Very poor</td></tr> <tr><td>2</td><td>Poor</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Good</td></tr> <tr><td>5</td><td>Very good</td></tr> </table> | 1 | Very poor | 2 | Poor | 3 | Fair | 4 | Good | 5 | Very good |
| 1 | Very poor | | | | | | | | | | | | |
| 2 | Poor | | | | | | | | | | | | |
| 3 | Fair | | | | | | | | | | | | |
| 4 | Good | | | | | | | | | | | | |
| 5 | Very good | | | | | | | | | | | | |
| 11 | [comments] | Any comments? | text, Required | | | | | | | | | | |
| 12 | [daytype2] | Today is... | radio, Required <table border="1" data-bbox="1052 1848 1248 1953"> <tr><td>1</td><td>a free day</td></tr> <tr><td>2</td><td>a work day</td></tr> </table> | 1 | a free day | 2 | a work day | | | | | | |
| 1 | a free day | | | | | | | | | | | | |
| 2 | a work day | | | | | | | | | | | | |

| | | | | | | | | | | |
|---|------------|--|--|--|---|------------|---|------------|---|------------|
| | 13 | [uuid] | Section Header: MyCap App Fields - Do Not Modify UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| | 14 | [startdate] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| | 15 | [enddate] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| | 16 | [scheduledate] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| | 17 | [status] | Status | dropdown <table border="1"> <tr> <td>0</td> <td>Deleted</td> </tr> <tr> <td>1</td> <td>Completed</td> </tr> <tr> <td>2</td> <td>Incomplete</td> </tr> </table> Field Annotation: @MC-TASK-STATUS | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | | |
| 1 | Completed | | | | | | | | | |
| 2 | Incomplete | | | | | | | | | |
| | 18 | [supplementaldata] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| | 19 | [serializedresult] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| | 20 | [morning_sleep_diary_complete] | Section Header: Form Status Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | | |
| 1 | Unverified | | | | | | | | | |
| 2 | Complete | | | | | | | | | |

LIGHT EXPOSURE AND ACTIVITY DIARY

Participant ID: xxx

Please complete every day before going to bed and upload on the shared folder emailed to you on the first day of the experiment.

For each hour of the day:

1. Select the light source you were exposed to by choosing from the categories below (first row)
2. Select the activity you were doing by choosing from the categories below (second row)

LIGHT EXPOSURE CATEGORIES:

L: Electric light source indoors (e.g.: lamps such LEDs etc.)

I: Daylight indoors (through windows)

E: Emissive displays (e.g.: smartphone, laptop etc.)

S: Electric light source outdoors (e.g.: street lights)

O: Daylight outdoors (including being in the shade)

D: Darkness during sleep

W: Light entering from outside during sleep (e.g.: daylight, street lights etc.)

ACTIVITY CATEGORIES:

1: Sleeping in bed

2. Awake at home

3. On the road with public transport/car

4. On the road with bike/on foot

5. Working in the office/from home

6. Working outdoors (including lunch break outdoors)

7. Free time outdoors (e.g. garden/park etc.)

8. Other: please specify (e.g. sport indoors, sport outdoors)

If you are exposed to a combination of lights, please choose one from:

L+I, L+E, I+E, S+O, D+W

Tip: start from the first hour when you woke up until the hour when you go to bed.

| | 0:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 |
|--------------|------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Light source | D | D | D | D | D | D+W | D+W | I | I+E | I+E | I+E | I+E | I+E |
| Activity | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 4 | 4 | 4 | 4 |

| | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 | |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| Light source | O | I | I | I | I | O | O | S | L | L+E | D | |
| Activity | 6 | 4 | 4 | 4 | 4 | 7 | 7 | 4 | 2 | 2 | 1 | |

Data Dictionary Codebook

04-09-2025 16:58

| | # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | | | |
|--|---|-----------------------|--|--|---|--|---|---|---|---|---|--|
| Instrument: Form 1 (form_1)  Enabled as survey | | | | | | | | | | | | |
| | 1 | [record_id] | Record ID | text | | | | | | | | |
| | 2 | [form_1_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1" data-bbox="1057 593 1246 756"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | |
| 0 | Incomplete | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | |
| Instrument: Exercise diary (exercise_diary)  Enabled as survey | | | | | | | | | | | | |
| | 3 | [instructions] | Please answer the following questions about the physical activity and/or sports you performed during the last day. Please confirm | radio, Required <table border="1" data-bbox="1057 878 1148 931"> <tr><td>1</td><td>Yes</td></tr> </table> | 1 | Yes | | | | | | |
| 1 | Yes | | | | | | | | | | | |
| | 4 | [intensity] | My day involved the following type of physical activity | radio, Required <table border="1" data-bbox="1057 1072 1530 1607"> <tr><td>1</td><td>Vigorous (causing large increases in heart rate and breathing, e.g. running)</td></tr> <tr><td>2</td><td>Moderate (causing moderate increases in heart rate and breathing, e.g. cycling in the city)</td></tr> <tr><td>3</td><td>Light (causing small to no increases in heart rate and breathing, e.g. taking a stroll in the park)</td></tr> <tr><td>4</td><td>None of the above, I did not perform any type of physical activity</td></tr> </table> | 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 |
| 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 Show the field ONLY if: [intensity] = '1' or [intensity] = '2' or [intensity] = '3' | radio, Required <table border="1" data-bbox="1057 1664 1530 1896"> <tr><td>1</td><td>Outdoors (e.g. running, cycling in the city)</td></tr> <tr><td>2</td><td>Indoors (e.g. gym or home workout)</td></tr> <tr><td>3</td><td>Both indoors and outdoors</td></tr> </table> <p>Field Annotation: [exercise_intensity] = 1 or 2 or 3</p> | 1 | Outdoors (e.g. running, cycling in the city) | 2 | Indoors (e.g. gym or home workout) | 3 | Both indoors and outdoors | | |
| 1 | Outdoors (e.g. running, cycling in the city) | | | | | | | | | | | |
| 2 | Indoors (e.g. gym or home workout) | | | | | | | | | | | |
| 3 | Both indoors and outdoors | | | | | | | | | | | |

| | | | | | | | | | | |
|---|------------|--|--|---|---|------------|---|------------|---|------------|
| | 6 | [type] Show the field ONLY if: [intensity] = '1' or [intensity] = '2' or [intensity] = '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 | [light_glasses] Show the field ONLY if: [intensity] = '1' or [intensity] = '2' or [intensity] = '3' | Did you wear the light glasses while doing exercises? | yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> <p>Field Annotation: [exercise_intensity] = 1 or 2 or 3</p> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | | |
| 0 | No | | | | | | | | | |
| | 10 | [uuid_3] | Section Header: <i>MyCap App Fields - Do Not Modify</i> UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| | 11 | [startdate_3] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| | 12 | [enddate_3] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| | 13 | [scheduledate_3] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| | 14 | [status_3] | Status | dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Deleted</td></tr> <tr> <td>1</td><td>Completed</td></tr> <tr> <td>2</td><td>Incomplete</td></tr> </table> <p>Field Annotation: @MC-TASK-STATUS</p> | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | | |
| 1 | Completed | | | | | | | | | |
| 2 | Incomplete | | | | | | | | | |
| | 15 | [supplementaldata_3] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| | 16 | [serializedresult_3] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| | 17 | [exercise_diary_complete] | Section Header: <i>Form Status Complete?</i> | dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | | |
| 1 | Unverified | | | | | | | | | |
| 2 | Complete | | | | | | | | | |

Instrument: Wellbeing diary (wellbeing_diary)  Enabled as survey

| | | | | |
|--|----|--------------------------|---|--|
| | 18 | [introduction_wellbeing] | 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 <input type="checkbox"/> 1 Yes Custom alignment: RH |
| | 19 | [who5_1998_1] | I have felt cheerful and in good spirits | radio, Required <input type="checkbox"/> 5 All of the time <input type="checkbox"/> 4 Most of the time <input type="checkbox"/> 3 More than half of the time <input type="checkbox"/> 2 Less than half of the time <input type="checkbox"/> 1 Some of the time <input type="checkbox"/> 0 At no time |
| | 20 | [who5_1998_2] | I have felt calm and relaxed | radio, Required <input type="checkbox"/> 5 All of the time <input type="checkbox"/> 4 Most of the time <input type="checkbox"/> 3 More than half of the time <input type="checkbox"/> 2 Less than half of the time <input type="checkbox"/> 1 Some of the time <input type="checkbox"/> 0 At no time |
| | 21 | [who5_1998_3] | I have felt active and vigorous | radio, Required <input type="checkbox"/> 5 All of the time <input type="checkbox"/> 4 Most of the time <input type="checkbox"/> 3 More than half of the time <input type="checkbox"/> 2 Less than half of the time <input type="checkbox"/> 1 Some of the time <input type="checkbox"/> 0 At no time |
| | 22 | [who5_1998_4] | How would you rate the quality of your sleep last night? | radio, Required <input type="checkbox"/> 1 Very poor <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Good <input type="checkbox"/> 5 Very good |
| | 23 | [who5_1998_5] | My daily life has been filled with things that interest me | radio, Required <input type="checkbox"/> 5 All of the time <input type="checkbox"/> 4 Most of the time <input type="checkbox"/> 3 More than half of the time |

| | | | | | | | | | |
|----|---|---|---|---|----------------------------|---|------------------|---|------------|
| | | | <table border="1"> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>1</td><td>Some of the time</td></tr> <tr><td>0</td><td>At no time</td></tr> </table> | 2 | Less than half of the time | 1 | Some of the time | 0 | At no time |
| 2 | Less than half of the time | | | | | | | | |
| 1 | Some of the time | | | | | | | | |
| 0 | At no time | | | | | | | | |
| 24 | [<code>uuid_2</code>] | Section Header: <i>MyCap App Fields - Do Not Modify</i> UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| 25 | [<code>startdate_2</code>] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| 26 | [<code>enddate_2</code>] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| 27 | [<code>scheduledate_2</code>] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| 28 | [<code>status_2</code>] | Status | dropdown <table border="1"> <tr><td>0</td><td>Deleted</td></tr> <tr><td>1</td><td>Completed</td></tr> <tr><td>2</td><td>Incomplete</td></tr> </table> Field Annotation: @MC-TASK-STATUS | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | |
| 1 | Completed | | | | | | | | |
| 2 | Incomplete | | | | | | | | |
| 29 | [<code>supplementaldata_2</code>] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| 30 | [<code>serializedresult_2</code>] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| 31 | [<code>wellbeing_diary_complete</code>] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |

Instrument: **Light exposure diary** (light_exposure_diary) Enabled as survey

| | | | | | | | | | | |
|---|----------------------|--------------------|---|---|---|----------------------|---|--------------------|---|--------------------|
| | 32 | [mhla_confirm] | Please complete the "Light Exposure Diary" on OneDrive before going to bed, using the link we emailed to you on the first day of the study. If you are unsure where to find this, email to Sarina (sarina.hilden@tum.de) or Suyoun (suyoun.lee@tum.de) Please confirm that you did this | radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr></table> | 1 | Yes | | | | |
| 1 | Yes | | | | | | | | | |
| | 33 | [mhlea_confidence] | How sure are you about the light exposure categories you chose? | radio <table border="1"><tr><td>1</td><td>Not confident at all</td></tr><tr><td>2</td><td>Slightly confident</td></tr><tr><td>3</td><td>Somewhat confident</td></tr></table> | 1 | Not confident at all | 2 | Slightly confident | 3 | Somewhat confident |
| 1 | Not confident at all | | | | | | | | | |
| 2 | Slightly confident | | | | | | | | | |
| 3 | Somewhat confident | | | | | | | | | |

| | | | | | | | | | | |
|----|--|---|--|---|------------|------------------|------------|----------------------|------------|-----------------------------------|
| | | | | <table border="1"> <tr><td>4</td><td>Fairly confident</td></tr> <tr><td>5</td><td>Completely confident</td></tr> </table> | 4 | Fairly confident | 5 | Completely confident | | |
| 4 | Fairly confident | | | | | | | | | |
| 5 | Completely confident | | | | | | | | | |
| 34 | [<code>uuid</code>] | Section Header: <i>MyCap App Fields - Do Not Modify</i> UUID | text Field Annotation: @MC-TASK-UUID | | | | | | | |
| 35 | [<code>startdate</code>] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | | |
| 36 | [<code>enddate</code>] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | | |
| 37 | [<code>scheduledate</code>] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | | |
| 38 | [<code>status</code>] | Status | dropdown <table border="1"> <tr><td>0</td><td>Deleted</td></tr> <tr><td>1</td><td>Completed</td></tr> <tr><td>2</td><td>Incomplete</td></tr> </table> | 0 | Deleted | 1 | Completed | 2 | Incomplete | Field Annotation: @MC-TASK-STATUS |
| 0 | Deleted | | | | | | | | | |
| 1 | Completed | | | | | | | | | |
| 2 | Incomplete | | | | | | | | | |
| 39 | [<code>supplementaldata</code>] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | | |
| 40 | [<code>serializedresult</code>] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | | |
| 41 | [<code>light_exposure_diary_complete</code>] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | |
| 0 | Incomplete | | | | | | | | | |
| 1 | Unverified | | | | | | | | | |
| 2 | Complete | | | | | | | | | |

Data Dictionary Codebook

04-09-2025 16:59

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | |
|--|--|--|---|---|---|---|---|---|----------|
| Instrument: Form 1 (form_1)  Enabled as survey | | | | | | | | | |
| 1 | [record_id] | Record ID | text | | | | | | |
| 2 | [form_1_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1" data-bbox="1052 601 1248 749"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |
| Instrument: Experience Log (experience_log)  Enabled as survey | | | | | | | | | |
| 3 | [explog_instr] | Here you can report your positive and negative experiences associated with wearing the light glasses during your daily activities. | descriptive | | | | | | |
| 4 | [exp_time] | The experience you would like to report is | radio, Required <table border="1" data-bbox="1052 1045 1525 1214"> <tr><td>1</td><td>Current (happened in the last 10 minutes)</td></tr> <tr><td>2</td><td>Past (happened in the past and I forgot to report it)</td></tr> </table> | 1 | Current (happened in the last 10 minutes) | 2 | Past (happened in the past and I forgot to report it) | | |
| 1 | Current (happened in the last 10 minutes) | | | | | | | | |
| 2 | Past (happened in the past and I forgot to report it) | | | | | | | | |
| 5 | [current] Show the field ONLY if: [exp_time] = '1' | Current time | text (datetime_dmy), Required | | | | | | |
| 6 | [past] Show the field ONLY if: [exp_time] = '2' | Please try to remember or estimate when the experience happened | text (datetime_dmy), Required | | | | | | |
| 7 | [type] | The experience I would like to report is | radio, Required <table border="1" data-bbox="1052 1636 1215 1805"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Negative</td></tr> </table> | 1 | Positive | 2 | Neutral | 3 | Negative |
| 1 | Positive | | | | | | | | |
| 2 | Neutral | | | | | | | | |
| 3 | Negative | | | | | | | | |
| 8 | [location] | Please select the option which describes the location where you made the experience | radio, Required <table border="1" data-bbox="1052 1869 1525 1995"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Office or work-related space (e.g.: canteen)</td></tr> </table> | 1 | Home | 2 | Office or work-related space (e.g.: canteen) | | |
| 1 | Home | | | | | | | | |
| 2 | Office or work-related space (e.g.: canteen) | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----|---|--|--|---|--|----------------------------------|-------|----------------|-----------------------------------|---|----------------|--------------------------------|---|----------------|----------------------------------|---|-------------|-------|
| | | | <table border="1"> <tr><td>3</td><td>Public spaces (e.g.: supermarket, restaurant, shop, park etc.)</td></tr> <tr><td>4</td><td>Other</td></tr> </table> | 3 | Public spaces (e.g.: supermarket, restaurant, shop, park etc.) | 4 | Other | | | | | | | | | | | |
| 3 | Public spaces (e.g.: supermarket, restaurant, shop, park etc.) | | | | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | | | | |
| 9 | [loc_spec] Show the field ONLY if: [location] = '4' | Please specifiy | text, Required | | | | | | | | | | | | | | | |
| 10 | [descr] | Please provide a brief description of your experience, including the location, the activity you were performing and what feelings it triggered for you | notes, Required | | | | | | | | | | | | | | | |
| 11 | [feedback] | <p>Did this experience involve verbal or non-verbal feedback from others?</p> <p>Example: comments or questions from people</p> | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 12 | [identity] Show the field ONLY if: [feedback] = '1' | Who provided this feedback? | checkbox, Required <table border="1"> <tr><td>1</td><td>identity__1</td><td>Friend or family member</td></tr> <tr><td>2</td><td>identity__2</td><td>Colleague</td></tr> <tr><td>3</td><td>identity__3</td><td>Acquaintance</td></tr> <tr><td>4</td><td>identity__4</td><td>Stranger</td></tr> <tr><td>5</td><td>identity__5</td><td>Other</td></tr> </table> | 1 | identity__1 | Friend or family member | 2 | identity__2 | Colleague | 3 | identity__3 | Acquaintance | 4 | identity__4 | Stranger | 5 | identity__5 | Other |
| 1 | identity__1 | Friend or family member | | | | | | | | | | | | | | | | |
| 2 | identity__2 | Colleague | | | | | | | | | | | | | | | | |
| 3 | identity__3 | Acquaintance | | | | | | | | | | | | | | | | |
| 4 | identity__4 | Stranger | | | | | | | | | | | | | | | | |
| 5 | identity__5 | Other | | | | | | | | | | | | | | | | |
| 13 | [identity_spec] Show the field ONLY if: [identity(5)] = '1' | Please specify | text, Required | | | | | | | | | | | | | | | |
| 14 | [social_type] Show the field ONLY if: [feedback] = '1' | Please select the options that best describes the type feedback you received about the light glasses | checkbox, Required <table border="1"> <tr><td>1</td><td>social_type__1</td><td>Comments about the light glasses</td></tr> <tr><td>2</td><td>social_type__2</td><td>Questions about the light glasses</td></tr> <tr><td>3</td><td>social_type__3</td><td>Looks due to the light glasses</td></tr> <tr><td>4</td><td>social_type__4</td><td>Concerns about the light glasses</td></tr> </table> | 1 | social_type__1 | Comments about the light glasses | 2 | social_type__2 | Questions about the light glasses | 3 | social_type__3 | Looks due to the light glasses | 4 | social_type__4 | Concerns about the light glasses | | | |
| 1 | social_type__1 | Comments about the light glasses | | | | | | | | | | | | | | | | |
| 2 | social_type__2 | Questions about the light glasses | | | | | | | | | | | | | | | | |
| 3 | social_type__3 | Looks due to the light glasses | | | | | | | | | | | | | | | | |
| 4 | social_type__4 | Concerns about the light glasses | | | | | | | | | | | | | | | | |
| 15 | [removal] | Did this experience prompt you to remove the light glasses? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 16 | [future_use] | Explain how this experience will influence your future use of the light glasses, if at all | notes, Required | | | | | | | | | | | | | | | |

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9/25, 4:59 PM

experience log | REDCap

| | | | | | | | | | | |
|---|------------|---|--|--|---|------------|---|------------|---|------------|
| | 17 | [uuid_2] | Section Header: MyCap App Fields - Do Not Modify UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| | 18 | [startdate_2] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| | 19 | [enddate_2] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| | 20 | [scheduledate_2] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| | 21 | [status_2] | Status | dropdown <table border="1"> <tr> <td>0</td> <td>Deleted</td> </tr> <tr> <td>1</td> <td>Completed</td> </tr> <tr> <td>2</td> <td>Incomplete</td> </tr> </table> Field Annotation: @MC-TASK-STATUS | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | | |
| 1 | Completed | | | | | | | | | |
| 2 | Incomplete | | | | | | | | | |
| | 22 | [supplementaldata_2] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| | 23 | [serializedresult_2] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| | 24 | [experience_log_complete] | Section Header: Form Status Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | | |
| 1 | Unverified | | | | | | | | | |
| 2 | Complete | | | | | | | | | |