

Why is this survey important? In this survey we will ask you questions about your sleep patterns. Your answers to these questions are important to us because sleep quality is known to be related to cognitive functioning. We are interested in better understanding the link between your sleep patterns and how you perform on the various MindCrowd brain games.

How long will this survey take to complete? 5 minutes or less.

1. Do you consider yourself to be a morning person?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Do you suffer from insomnia (an inability to fall asleep or to stay asleep as long as desired)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have any other types of sleep disorders? (examples: sleep walking, sleep apnea, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES:	
4. What types of sleep disorders do you have? Please check all that apply:	<input type="checkbox"/> Sleep apnea <input type="checkbox"/> Restless leg syndrome <input type="checkbox"/> Narcolepsy <input type="checkbox"/> REM Sleep behavior disorder <input type="checkbox"/> Parasomnias <input type="checkbox"/> Slow wave sleep disorders (bedwetting, night terrors, sleep walking, sleep eating) <input type="checkbox"/> Other (please specify):
In this part of the questionnaire, please report on your typical sleep behavior over the past 4 weeks. We will ask about work days and free / weekend days .	
5. How many days do you work each week? This includes being a freelancer, homemaker, stay-at-home parent or student.	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Please answer the following questions about your sleep patterns on Work Days and Free / Weekend Days over the past 4 weeks. If you work every day or zero days, please consider if your sleep times may nonetheless differ between regular "work" days and "weekend" days, and answer the following questions accordingly. Free Days are weekends or days off, but please consider "normal" free days only — days without parties, etc.	
6. I go to bed at...	Work Days: [time of day selector] Free Days: [time of day selector]
7. Some people stay awake for some time after they go to bed (reading, watching	Work Days: [time of day selector] Free Days: [time of day selector]

TV, etc). I actually get ready to fall asleep at:	
8. I typically need ___ minutes to fall asleep:	Work Days: Free Days:
9. I wake up at:	Work Days: [time of day selector] Free Days: [time of day selector]
10. After ___ minutes, I get up.	Work Days: Free Days:
11. I use an alarm on Work Days:	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Do you regularly wake up BEFORE the alarm rings on Work Days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. I use an alarm clock on Free Days:	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. Are there particular reasons why you cannot freely choose your wake-up times on Free Days:?	<input type="checkbox"/> No <input type="checkbox"/> Yes
15. Please check the reasons why you cannot freely choose your wake-up times on to Free Days. Check all that apply.	<input type="checkbox"/> Children / Pets <input type="checkbox"/> Hobbies <input type="checkbox"/> Other (please specify):

if question 15 is YES, then the box below it opens up for an answer. If NO, then the box doesn't open up and that is the end of the survey.

The screenshot shows a web browser window displaying a survey form. The form contains three questions:

- Question 13: "I use an alarm clock on free days:" with radio button options for "No" and "Yes".
- Question 14: "Are there particular reasons why you cannot freely choose your wake-up times on free days?" with radio button options for "No" (selected) and "Yes".
- Question 15: "Please check the reasons why you cannot freely choose your wake-up times on free days. Check all that apply." with checkbox options for "Children / Pets", "Hobbies", and "Other (please specify)".

A red "Submit" button is located at the bottom of the form.

After question #4 in the survey – the following question was asked

On average, how many hours did you sleep each night during the past 4 weeks?
[answer is a numerical answer and is free text]

How often during the past 4 weeks did you...
 [then insert the table and checkboxes as provided]

How often during the past 4 weeks did you...

(Circle One Number On Each Line)

	All of the Time ▼	Most of the Time ▼	A Good Bit of the Time ▼	Some of the Time ▼	A Little of the Time ▼	None of the Time ▼
3. feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?	1	2	3	4	5	6
4. get enough sleep to feel rested upon waking in the morning?	1	2	3	4	5	6
5. awaken short of breath or with a headache?	1	2	3	4	5	6
6. feel drowsy or sleepy during the day?	1	2	3	4	5	6
7. have trouble falling asleep?	1	2	3	4	5	6
8. awaken during your sleep time and have trouble falling asleep again?	1	2	3	4	5	6
9. have trouble staying awake during the day?	1	2	3	4	5	6
10. snore during your sleep?	1	2	3	4	5	6
11. take naps (5 minutes or longer) during the day?	1	2	3	4	5	6
12. get the amount of sleep you needed?	1	2	3	4	5	6