**Day 1**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/02/2020

1. Compared to regular days, this day was:
   1. A low-activity day
   2. A regular activity day
   3. A high-activity day
2. Compared to regular days, this day was:
   1. A low stress day
   2. A regular stress day
   3. A high stress day
3. Compared to regular days, today I felt:
   1. Not overwhelmed at all
   2. A little overwhelmed
   3. Extremely overwhelmed
4. During the day I was:
   1. Healthy
   2. Not so healthy
   3. Sick
5. I consumed the following substances today:
   1. Caffeine
   2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

10: 20 pm

1. Upon going to bed I was:
   1. Not tired
   2. Somewhat tired
   3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/03/2020

1. Morning rising time:

7 : 45 am

1. My sleep was:
   1. Excellent
   2. Good
   3. Somewhat disturbed
   4. Very bad
2. I felt asleep within:
   1. Less than 5 min
   2. 5-14 min
   3. 15-30 min
   4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
   1. Yes
   2. No
      1. If yes, how many times? 3
4. In the morning, I woke up:
   1. Spontaneously
   2. By noise/disturbance
   3. By an alarm clock
   4. By another person
5. In the morning, I was:
   1. Very alert
   2. Slightly tired
   3. Very tired

**Day 2**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/03/2020

1. Compared to regular days, this day was:
   1. A low-activity day
   2. A regular activity day
   3. A high-activity day
2. Compared to regular days, this day was:
   1. A low stress day
   2. A regular stress day
   3. A high stress day
3. Compared to regular days, today I felt:
   1. Not overwhelmed at all
   2. A little overwhelmed
   3. Extremely overwhelmed
4. During the day I was:
   1. Healthy
   2. Not so healthy
   3. Sick
5. I consumed the following substances today:
   1. Caffeine
   2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

9 : 45 pm

1. Upon going to bed I was:
   1. Not tired
   2. Somewhat tired
   3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/04/2020

1. Morning rising time:

7 : 45 am

1. My sleep was:
   1. Excellent
   2. Good
   3. Somewhat disturbed
   4. Very bad
2. I felt asleep within:
   1. Less than 5 min
   2. 5-14 min
   3. 15-30 min
   4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
   1. Yes
   2. No
      1. If yes, how many times? 3
4. In the morning, I woke up:
   1. Spontaneously
   2. By noise/disturbance
   3. By an alarm clock
   4. By another person
5. In the morning, I was:
   1. Very alert
   2. Slightly tired
   3. Very tired

**Day 3**

**Part I: Evening Questionnaire (filled in when you are going to sleep)**

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (evening): 03/05/2020

1. Compared to regular days, this day was:
   1. A low-activity day
   2. A regular activity day
   3. A high-activity day
2. Compared to regular days, this day was:
   1. A low stress day
   2. A regular stress day
   3. A high stress day
3. Compared to regular days, today I felt:
   1. Not overwhelmed at all
   2. A little overwhelmed
   3. Extremely overwhelmed
4. During the day I was:
   1. Healthy
   2. Not so healthy
   3. Sick
5. I consumed the following substances today:
   1. Caffeine
   2. Alcohol
6. Exact time of lights-off and getting into bed for the night:

10 : 10 pm

1. Upon going to bed I was:
   1. Not tired
   2. Somewhat tired
   3. Very tired

Part II: Morning Questionnaire (filled in immediately after waking up)

1. Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Date (morning): 03/06/2020

1. Morning rising time:

8 : 20 am

1. My sleep was:
   1. Excellent
   2. Good
   3. Somewhat disturbed
   4. Very bad
2. I felt asleep within:
   1. Less than 5 min
   2. 5-14 min
   3. 15-30 min
   4. More than 30 min
3. Did you wake up during the night (including short awakenings)?
   1. Yes
   2. No
      1. If yes, how many times? 2
4. In the morning, I woke up:
   1. Spontaneously
   2. By noise/disturbance
   3. By an alarm clock
   4. By another person
5. In the morning, I was:
   1. Very alert
   2. Slightly tired
   3. Very tired